

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90016 012 \*\*\*150.00

**DOCUMENT # P04000084585**

1. Entity Name

BRIAN GODSELL, INC.



Principal Place of Business

340 80TH AVE  
SUITE 1  
ST PETERSBURG BEACH FL 33706

Mailing Address

340 80TH AVE  
SUITE 1  
ST PETERSBURG BEACH FL 33706

2. Principal Place of Business - No P.O. Box #

2363 17TH AVE. S.W.

Suite, Apt. #, etc.

3. Mailing Address

2363 17TH AVE. S.W.

Suite, Apt. #, etc.

City & State

LARGO, FL.

City & State

LARGO, FL.

Zip

33774

Country

USA

Zip

33774

Country

USA

4. FEI Number

20-2293673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

GODSELL, BRIAN  
340 80TH AVE  
SUITE 1  
ST PETERSBURG BEACH FL 33706

7. Name and Address of New Registered Agent

Name BRIAN GODSELL  
Street Address (P.O. Box Number is Not Acceptable)  
2363 17TH AVE. S.W.  
City LARGO FL Zip Code 33774

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GODSELL, BRIAN  
STREET ADDRESS 340 80TH AVE SUITE 1  
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08 727-581-3735

Date

Daytime Phone #