

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 19, 2008 8:00 am
Secretary of State

03-31-2008 90019 013 ***150.00

DOCUMENT # P07000081748 1. Entity Name DEBRA K GODWIN INC					
Principal Place of Business 1523 S. CHAFFEE RD JACKSONVILLE, FL 32221			Mailing Address 1523 S. CHAFFEE RD JACKSONVILLE, FL 32221		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GODWIN, DEBRA K 1523 S. CHAFFEE RD JACKSONVILLE, FL 32221			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODWIN, DEBRA K 1523 S. CHAFFEE RD JACKSONVILLE, FL 32221	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GODWIN, DEBRA K 1523 S. CHAFFEE RD JACKSONVILLE, FL 32221	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Debra K. Godwin</u> <u>3/28/08</u> <u>904-645-4965</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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03052008 Chg-P CR2E034 (12/06)

26-0565111- Applied For
Not Applicable