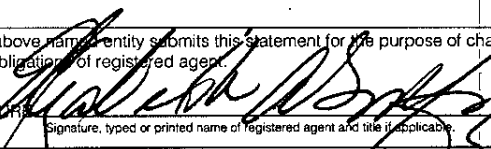
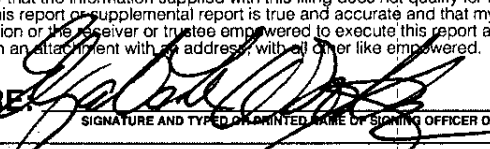


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90030 050 ***150.00

DOCUMENT # P94000020163 1. Entity Name GODFREY DESIGN CONSULTANTS, INC.			
Principal Place of Business 2033 TRADE CTR WAY NAPLES, FL 34109		Mailing Address 2033 TRADE CTR WAY NAPLES, FL 34109	
2. Principal Place of Business 1660 Trade Center Way Suite, Apt. #, etc. Suite 5		3. Mailing Address 1660 Trade Center Way Suite, Apt. #, etc. Suite 5	
City & State Naples FL		City & State Naples FL	
Zip 34109	Country USA	Zip 34109	Country USA
6. Name and Address of Current Registered Agent GODFREY, ELIZABETH A 2033 TRADE CENTER WAY NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Godfrey, Elizabeth A Street Address (P.O. Box Number is Not Acceptable) 1660 Trade Center Way #5 City Naples FL Zip Code 34109	
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 obligation of registered agent. SIGNATURE  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD GODFREY, ELIZABETH A 2033 TRADE CTR WAY NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Godfrey, Elizabeth A 1660 Trade Center Way #5 Naples FL 34109 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or other like empowered.			
SIGNATURE 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____	