

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000052891

Entity Name: GODBOLD, DOWNING, SHEAHAN & BILL, P.A.

FILED  
Feb 13, 2007  
Secretary of State

**Current Principal Place of Business:**

222 WEST COMSTOCK AVE  
SUITE 101  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

222 WEST COMSTOCK AVE  
SUITE 101  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-3259696      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOWNING, GRANT T  
222 WEST COMSTOCK AVE  
SUITE 101  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GODBOLD, GENE H  
Address: 222 W COMSTOCK AVE SUITE 101  
City-St-Zip: WINTER PARK, FL 32789 US

Title: VS ( ) Delete  
Name: DOWNING, GRANT T  
Address: 222 W COMSTOCK AVE SUITE 101  
City-St-Zip: WINTER PARK, FL 32789 US

Title: V ( ) Delete  
Name: SHEAHAN, MICHAEL J  
Address: 222 W COMSTOCK AVE SUITE 101  
City-St-Zip: WINTER PARK, FL 32789 US

Title: V ( ) Delete  
Name: BILL, JOHN H  
Address: 222 W COMSTOCK AVE, STE 101  
City-St-Zip: WINTER PARK, FL 32789 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTI A. LANE

ADMI

02/13/2007

Electronic Signature of Signing Officer or Director

Date