


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000011550 1. Entity Name F AND D GOVIN, INC.	
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Principal Place of Business
**14100 PALMETTO FRONTAGE ROAD
SUITE 108
MIAMI LAKES, FL 33016**

Mailing Address
**P.O. BOX 822470
SOUTH FLORIDA, FL 33082-2470 US**



DO NOT WRITE IN THIS SPACE

03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0554824

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ-GOVIN, MARLENE
15998 SW 3 ST.
PEMBROKE PINES, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

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 remaining)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRUZ-GOVIN, MARLENE
15998 SW 3RD ST.
PEMBROKE PINES, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GALIANA, THOMAS R
PO BOX 822470
SOUTH FLORIDA, FL 330822470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/15/06-80042-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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, 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

Date

Daytime Phone #

3-01-06 305 688-4040