2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 09, 2006 08:00 AN DOCUMENT # P9700002462 **Secretary of State** 1. Entity Name K. GODDARD CONSTRUCTION, INC. Principal Place of Business Mailing Address 1930 17TH STREET S.W. 1930 17TH STREET S.W. NAPLES, FL 34117 NAPLES, FL 34117 US 01272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2838757 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GODDARD, KEVIN DO NOT WRITE 1930 17TH STREET S.W. NAPLES, FL 34117 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 (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000426884 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 02/20/06-80059-019 10. OFFICERS AND DIRECTORS Ö TITLE GODDARD, KEVIN NAME 1930 17TH ST. SW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34117 TITLE GODDARD, AARON L NAME STREET ADDRESS 1930 17TH STREET S.W. CITY-ST-ZIP NAPLES, FL 34117 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 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 of spirifike empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS
CITY+ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06 (239) 455-7609

FILED