

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90045 022 ***158.75

DOCUMENT # P99000000673

1. Entity Name
GODFREY DESIGN & ADVERTISING INC.



Principal Place of Business
**275 96TH AVE NORTH
#7
SAINT PETERSBURG, FL 33702**

Mailing Address
**275 96TH AVE NORTH
#7
SAINT PETERSBURG, FL 33702**

40005203



01192007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0901378

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PIPER, JAN J
669 FIRST AVENUE NORTH
ST. PETERSBURG, FL**

7. Name and Address of New Registered Agent

Name
LANG, JOSEPH H.
Street Address (P.O. Box Number is Not Acceptable)
669 1st Ave N
City
St. Petersburg FL Zip Code
33701

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 reinstating)

DATE

1/23/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GODFREY, GEOFFREY R | |
| STREET ADDRESS | 710 - 94TH AVE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 | |
| TITLE | TS | <input type="checkbox"/> Delete |
| NAME | O'KEEFE, PAUL S | |
| STREET ADDRESS | 710 - 94TH AVE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|---|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | 275 - 96th Ave N #7 | |
| CITY-ST-ZIP | St Petersburg FL 33702 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | 275 - 96th Ave N #7 | |
| CITY-ST-ZIP | St Petersburg FL 33702 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Geoffrey R Godfrey

1/23/07