

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S28926

1. Entity Name
CECIL GOODRICH & ASSOCIATES, INC.



Principal Place of Business
501 HIDDEN PINES BOULEVARD
NEW SMYRNA BEACH, FL 32168 US

Mailing Address
501 HIDDEN PINES BOULEVARD
NEW SMYRNA BEACH, FL 32168 US

2. Principal Place of Business - No P.O. Box #
725 Williams Rd

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Bch

City & State

Zip

FL

Country

32168

Zip

Country

03302007 Chg-P CR2E034 (12/06)

4. FEI Number <i>59-3051520</i>	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODRICH, CECIL
~~223 N CAUSEWAY~~
NEW SMYRNA BEACH, FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

725 Williams Rd

City

New Smyrna Bch FL Zip Code *32168*

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 registering)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP

DPV
GOODRICH, CECIL J. JR.
501 HIDDEN PINES BLVD.
NEW SMYRNA BEACH, FL 32168

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

725 Williams Rd

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 other like empowered.

SIGNATURE:

C. Goodrich

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

Daytona Beach #