
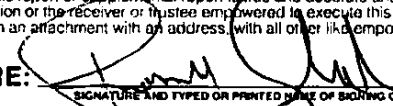


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90208 019 \*\*\*150.00

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # S60077</b>  |  |                             |   |
| 1. Entity Name<br>RONALD G. GODWARD, INC.   |  |  |   |
| Principal Place of Business<br>1200 KEY LIME BLVD.<br>WEST PALM BEACH, FL 33412 US  |  | Mailing Address<br>1200 KEY LIME BLVD.<br>WEST PALM BEACH, FL 33412 US                                       |   |
| 2. Principal Place of Business<br>200 SCOTIA DRIVE  |  | 3. Mailing Address<br>200 SCOTIA DRIVE   |   |
| Suite, Apt. #, etc.<br>206  |  | Suite, Apt. #, etc.<br>206   |   |
| City & State<br>HYPOLOXO, FL  |  | City & State<br>HYPOLOXO, FL   |   |
| Zip<br>33462  | Country<br>USA   | Zip<br>33462   | Country<br>USA  |
| 4. FEI Number<br>65-0268496   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |   |
| 8. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent  |   |
| GODWARD, RONALD G.<br>1200 KEY LIME BLVD.<br>WEST PALM BEACH, FL 33412  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br># 206<br>City<br>HYPOLOXO FL Zip Code<br>33462 |   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reappointing)</small>  |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>GODWARD, RONALD G.<br>1200 KEY LIME BLVD.<br>WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 200 SCOTIA DRIVE #206<br>HYPOLOXO, FL 33462 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   |  | Date: 5/14/05 561254640  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date   |   |

66018673



04222005 Chg-P CR2E034 (10/03)