

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000020050 1. Entity Name GO-BUFF ENTERPRISES, INC.	
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Principal Place of Business 4817 CYPRESS WOODS DR SUITE 5109 ORLANDO, FL 32811 US	Mailing Address 1927 S. 14 ST STE 1000 AMELIA ISLAND, FL 32034 US
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DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1795663	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUFFINGTON, PERRY W 4817 CYPRESS WOODS DRIVE #5109 ORLANDO, FL 32811	DO NOT WRITE IN THIS SPACE
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUFFINGTON, PERRY W 4817 CYPRESS WOODS DRIVE, #5109 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO VOLLBEER, FRED H 72 DEER PATH DAHLONEGA, GA 30533
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IN THIS SPACE**

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:  **FRED H. VOLLBEER, CFO, 1-25-05, 706-864-9786**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #