

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 242940

Entity Name: GOOLSBY, INC.

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2175 TRIPLE G ROAD  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

1049 LAKEVIEW DRIVE  
SEBRING, FL 33870 US

**New Mailing Address:**

FEI Number: 59-0954049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOOLSBY, OLIVER W JR  
1049 LAKEVIEW DRIVE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GOOLSBY, JR., O. W.  
Address: 1049 LAKEVIEW DR.  
City-St-Zip: SEBRING, FL 33870 US

Title: ST  
Name: GOOLSBY, JOAN  
Address: 1049 LAKEVIEW DR.  
City-St-Zip: SEBRING, FL 33870 US

Title: VP  
Name: GOOLSBY, BRETT W  
Address: 1049 LAKEVIEW DR.  
City-St-Zip: SEBRING, FL 33870 US

Title: VP  
Name: GOOLSBY, KIP W  
Address: 1049 LAKEVIEW DR.  
City-St-Zip: SEBRING, FL 33870 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OLIVER WADE GOOLSBY JR.

PRES

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date