2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # 309885** 05-27-2004 90015 036 ***558.75 1. Entity Name GOFF COMMUNICATIONS, INC. Mailing Address Principal Place of Business C1211027 **500 SARASOTA QUAY 500 SARASOTA QUAY** SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address 3004 29th Avenue East 3004 29th Avenue East Suite, Apt. #, etc. Suite Apt. #. etc. 03182003 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Bradenton, Bradenton, Florida Florida 59-1149381 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. 34208 U.S.A Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent James E. Goff GOFF, JAMES E Street Address (P.O. Box Number is Not Acceptable) 500 SARASOTA QUAY SARASOTA, FL 34236 3004 29th Avenue East Bradenton 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 redistered agent. SIGNATURE. agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. -Election Campaign Financing-FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Added to Fees Trust Fund Contribution. Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP DP TITLE Delete T Change ☐ Addition James E. Goff GOFF, KENNETH C. NAME NAME 1723 Bay Street STREET ADDRESS 2438 ICE CAPADE DR STREET ADDRESS Sarasota, FL 34236 CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition GOFF, JAMES E NAME NAME 1723 BAY ST. STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), 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 ar 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 protection of the compowered.

NTED NAME OF SIGN

05/24/2004

FILED May 27, 2004 8:00 am