2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364311

Title:

Name:

Address: City-St-Zip: DSV

() Delete

GOEHRING, DAVID R,

3604 FLOYD ROAD

TAMPA, FL 33618

FILED Apr 26, 2004 Secretary of State

Entity Nan	1e: GOEHRIN	G FAMILY CORPORATION			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
6428 RENV TAMPA, FL	VICK CIRCLE . 33647		12401 NORTH 22NI APT. H-304 TAMPA, FL 33612		
Current Ma	ailing Address	::	New Mailing Addre	New Mailing Address:	
12401 NOR APT. H-304 TAMPA, FL		EET			
FEI Number:	59-1308048	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
GOEHRING, ROLAND A 6428 RENWICK CIRCLE TAMPA, FL 33647 US			12401 NORTH 22NE APT. H-304	GOEHRING, ROLAND A 12401 NORTH 22ND STREET APT. H-304 TAMPA, FL 33612 US	
The above in the State		ubmits this statement for the pu	irpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				04/26/2004	
Electronic Signature of Registered Agent			nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD () I DINUNZIO, JEAN 9489 WALLIEN I BROOKSVILLE,	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () I GOEHRING, RO 12401 N. 22ND S TAMPA, FL 336	ST. APT. H-304	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

DSV

GOEHRING, DAVID R, 25 TWIN LAKES LANE

BUFFALO, WY 82834

(X) Change () Addition

SIGNATURE: ROLAND A. GOEHRING PD 04/26/2004