

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86627

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: GOFF'S READY TO WEAR, INC.

## Current Principal Place of Business:

434 NORTH 9TH ST.  
DEFUNIAK SPRINGS, FL 32433 US

## New Principal Place of Business:

## Current Mailing Address:

434 NORTH 9 ST  
DEFUNIAK SPRINGS, FL 32433 US

## New Mailing Address:

FEI Number: 59-2201361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OWEN, JACK E  
434 NORTH 9TH STREET  
DEFUNIAK SPRINGS, FL 32435 US

## Name and Address of New Registered Agent:

OWEN, JACK E  
434 NORTH 9TH STREET  
DEFUNIAK SPRINGS, FL 32433 US

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: JACK E. OWEN

01/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: OWEN, PATRICIA G,  
Address: 434 NORTH 9TH STREET  
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: TD ( ) Delete  
Name: HOWELL, DIANE G,  
Address: 434 NORTH 9TH STREET  
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: VP ( ) Delete  
Name: OWEN, JACK E  
Address: 434 NORTH 9TH STREET  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: OWEN, PATRICIA G,  
Address: 434 NORTH 9TH STREET  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JACK E. OWEN

VP

01/17/2005

Electronic Signature of Signing Officer or Director

Date