2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F98000002453

1. Entity Name
GOUGH & ASSOCIATES INC.

Principal Place of Business	Mailing Address
9072 MARAL TRAIL	9072 MARAL TRAIL
DAYTON, OH 45458	DAYTON, OH 45458

DO NOT WRITE IN THIS SPACE

04212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
31-1446908	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOUGH, NIGEL
12250 ACCIPITER DR
ORLANDO, FL 32837

DO NOT WRITE
IN THIS SPACE

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_____

Signature typed or printed name of registered agent and title if applicable   (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

U00000330273
04/25/05-80154-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PCST
NAME	GOUGH, NIGEL E
STREET ADDRESS	9072 MARAL TRAIL
CITY-ST-ZIP	DAYTON, OH 45458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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 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: _____   4/22/05   407/852-0461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #