

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-25-2005 90213 006 ***150.00

DOCUMENT # L17875 1. Entity Name JIM GOFFS GARAGE, INC.	
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Principal Place of Business % JAMES M. GOFF, JR 6265 SCOTT ST PUNTA GORDA, FL 33950-3941	Mailing Address % JAMES M. GOFF, JR 6265 SCOTT ST PUNTA GORDA, FL 33950-3941
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66020598



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0146420	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOFF, JAMES M 6265 SCOTT ST PUNTA GORDA, FL 33952
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**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

4-1905

**IF NOW FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GOFF, JAMES M 6265 SCOTT STREET PUNTA GORDA, FL 33950
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5/20/05

Daytime Phone #