

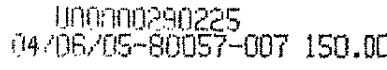


**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # P00000099779</b><br>1. Entity Name<br><b>GOFF AND ASSOCIATES, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>4404 SOUTH FLORIDA AVENUE<br/>SUITE 8<br/>LAKELAND, FL 33813-2124</b>   |  | Mailing Address<br><b>4404 SOUTH FLORIDA AVENUE<br/>SUITE 8<br/>LAKELAND, FL 33813-2124</b>                                |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |    |  |
|   |  | 04032005 No Chg-P CR2E034 (10/03)  |  |
|   |  | 4. FEI Number<br><b>59-3678716</b><br>Applied For<br><input type="checkbox"/> Not Applicable                               |  |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GOFF, P. RENEE<br/>322 BOGER BOULEVARD, N.<br/>LAKELAND, FL 33803-4402</b>  |  | <b>DO NOT WRITE IN THIS SPACE</b>  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>        |  |
| 10. OFFICERS AND DIRECTORS  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>GOFF, P RENEE<br>322 BOGER BLVD N<br>LAKELAND, FL 33803 | <br><b>DO NOT WRITE IN THIS SPACE</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>GOFF, JAMES W<br>5620 ANNETTE ST<br>LAKELAND, FL 33810 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>GOFF, PEGGY J<br>5620 ANNETTE ST<br>LAKELAND, FL 33810 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  <b>P. Renee Goff</b>   |  | Date <b>4/1/05</b> Daytime Phone # <b>863-644-8688</b>   |  |