

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90144 043 ***150.00

DOCUMENT # P00000099779

1. Entity Name
GOFF AND ASSOCIATES, INC.



40044236



Principal Place of Business
**4404 SOUTH FLORIDA AVENUE
SUITE 8
LAKELAND, FL 33813-2124**

Mailing Address
**4404 SOUTH FLORIDA AVENUE
SUITE 8
LAKELAND, FL 33813-2124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3678716

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOFF, P. RENEE
322 BOGER BOULEVARD, N.
LAKELAND, FL 33803-4402**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

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
**P
GOFF, P RENEE
322 BOGER BLVD N
LAKELAND, FL 33803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
GOFF, JAMES W
5620 ANNETTE ST
LAKELAND, FL 33810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
GOFF, PEGGY J
5620 ANNETTE ST
LAKELAND, FL 33810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

P. Renee Goff
P. Renee Goff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06
4/3/06
Date

Daytime Phone #