2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000099779

GOFF AND ASSOCIATES, INC.



Principal Place of Business

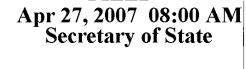
Mailing Address

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

4404 SOUTH FLORIDA AVENUE

SUITE 8

LAKELAND, FL 33813-2124



FILED



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

			•
4252007	No Chg-P	CR2E034 (11/05)	

4. FEI Number 59-3678716

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or	egistered agent, or both,	in the State of Florida. I am familiar with, and accept	1
SIGNATURE.	Signature Typed or printed name of registered agent and lifte	rapplicable (NOTE Registered	Agent signatui	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOFF, P RENEE 322 BOGER BLVD N LAKELAND, FL 33803 VP GOFF, JAMES W 5620 ANNETTE ST LAKELAND, FL 33810 ST GOFF, PEGGY J 5620 ANNETTE ST LAKELAND, FL 33810			DO I	000000739689 05/14/07-80037-012 150.i N OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	IN T	HIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					•	

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

SIGNATURE

TITLE NAME STREET ADDRESS CITY ST-ZIP