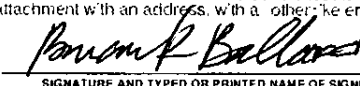


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90232 034 ***158.75

DOCUMENT # P01000014149 1. Entity Name GO MANAGEMENT, INC.					
Principal Place of Business 7010 NW 23RD WAY GAINESVILLE, FL 32653			Mailing Address 3440 CANTEEN CT. LAND O LAKES, FL 34639		
2. Principal Place of Business 6935 15th ST. EAST		3. Mailing Address			
Suite, Apt. #, etc. #107		Suite, Apt. #, etc.			
City & State Bradenton Florida		City & State			
Zip 34203		Country USA		Zip	
Country		Country			
4. FCI Number 59-3696005			Added For Not Added		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BALLARD, BRIAN 7010 NW 23RD WAY GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Acceptable) 6935 15th ST EAST #107 City Bradenton FL Zip Code 34203		
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 _____					
Agent's, board member's or registered agent's full legal name. (If the registered agent is a corporation, give the corporate name and address.)					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D BALLARD, BRIAN 7010 NW 23RD WAY GAINESVILLE, FL 32653	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 a "other," like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					