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	Mailing Address
7010 NW 23RD WAY GAINESVILLE, FL 32653	3440 CANTEEN CT. LAND O LAKES, FL 34639

04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6935 15th ST. EAST	
Suite, Apt. #, etc. #107	Suite, Apt. #, etc.
City & State Bradenton Florida	City & State
Zip 34203 Country USA	Zip Country

4. FEI Number 59-3696005 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALLARD, BRIAN 7010 NW 23RD WAY GAINESVILLE, FL 32653	Name Street Address (P.O. Box Number is 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 ______________________________

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	6935 15th ST EAST #107 Bradenton, Florida 34203	[X] Change ☐ Addition
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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: Brian R Ballard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #