

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90062 030 ***150.00

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|---|---|---|---|--|--|
| DOCUMENT # P01000121460 1. Entity Name GOAL ENTERPRISES, INC. | | | | | |
| Principal Place of Business 3907 LAKE SHORE DR. PALM HARBOR, FL 34684 | | | Mailing Address 3907 LAKE SHORE DR. PALM HARBOR, FL 34684 | | |
| 2. Principal Place of Business 7341 CAPTIVA CIRCLE Suite, Apt. #, etc. | | 3. Mailing Address 7341 CAPTIVA CIRCLE Suite, Apt. #, etc. | | | |
| City & State NEW PORT RICHEY, FL. | | City & State NEW PORT RICHEY, FL. | | 4. FEI Number 80-0024733 | |
| Zip 34655 | | Country PASCO | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GODFREY, JANET E. 3907 LAKE SHORE DR. PALM HARBOR, FL 34684 | | | | 7. Name and Address of New Registered Agent Name GODFREY, JANET E. Street Address (P.O. Box Number is Not Acceptable) 7341 CAPTIVA CIRCLE City NEW PORT RICHEY FL Zip Code 34655 | |
| 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 JANET E. GODFREY 2/7/05 <small>Signature typed or printed name of registered agent and the fee is applicable. (NOTE: Registered Agent signature required when relocating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete GODFREY, JANET E 3907 LAKE SHORE DR. PALM HARBOR, FL 34684 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GODFREY, JANET E. 7341 CAPTIVA CIRCLE NEW PORT RICHEY, FL. 34655 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: | | | JANET E. GODFREY 2/7/05 727-375-1980 <small>Signature typed or printed name of signing officer or director Date Daytime Phone #</small> | | |

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