

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000150409

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** LAW OFFICE OF K. HUNTER GOFF, P.A.

**Current Principal Place of Business:**

1215 E LIVINGSTON STREET  
ORLANDO, FL 32803

**New Principal Place of Business:**

227 CITRUS TOWER BLVD.  
CLERMONT, FL 34711

**Current Mailing Address:**

1215 E LIVINGSTON STREET  
ORLANDO, FL 32803

**New Mailing Address:**

227 CITRUS TOWER BLVD.  
CLERMONT, FL 34711

**FEI Number:** 20-0747174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOFF, K. HUNTER  
1215 E LIVINGSTON STREET  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

GOFF, K. HUNTER  
227 CITRUS TOWER BLVD.  
CLERMONT, FL 34711 US

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.

SIGNATURE: K. HUNTER GOFF

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GOFF, K. HUNTER  
Address: 227 CITRUS TOWER BLVD.  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: K. HUNTER GOFF

P

02/08/2012

Electronic Signature of Signing Officer or Director

Date