


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90496 045 \*\*\*150.00

DOCUMENT # P04000030924		
1. Entity Name GO REMODEL INC.		

Principal Place of Business <b>4218 FALCON RUN LANE MIDDLEBURG, FL 32068 US</b>	Mailing Address <b>4218 FALCON RUN LANE MIDDLEBURG, FL 32068 US</b>
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2. Principal Place of Business <b>2385 Dundee Ct. E.</b>	3. Mailing Address <b>2385 Dundee Ct. E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orange Park FL</b>	City & State <b>Orange Park FL</b>
Zip <b>32065</b>	Zip <b>32065</b>
Country <b>Clay</b>	Country <b>Clay</b>

6. Name and Address of Current Registered Agent <b>OLSON, ERIC R 4218 FALCON RUN LANE MIDDLEBURG, FL 32068</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 <b>Eric R. Olson</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>April 22, 2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OLSON, ERIC R 4218 FALCON RUN LANE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Eric Olson, Eric R. 2385 Dundee Ct. E. Orange Park, FL 32065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP/D</del> GOODSON, JEFFERY P. 950-23-BLANDING BOULEVARD #326 ORANGE PARK, FL 32065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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: <b>Eric R. Olson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>April 22, 2005</b> DAYTIME PHONE # <b>904-449-2352</b>