

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000090138

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** GOYAL EQUIPMENT CORPORATION

**Current Principal Place of Business:**

2804 ST. JOHNS BLUFF RD S  
STE 109  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2878  
PONTE VEDRA BEACH, FL 32004 US

**New Mailing Address:**

**FEI Number:** 20-1607068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOYAL, SANJIVA MD  
2804 ST. JOHNS BLUFF RD S  
STE 109  
JACKSONVILLE, FL 32246 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR.  
**Name:** GOYAL, SANJIVA  
**Address:** 2804 ST JOHNS BLUFF RD S, STE 109  
**City-St-Zip:** JACKSONVILLE, FL 32246 US

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:** SANJIVA GOYAL

DR.

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date