## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000074241

17331 CARDEN CT.

FORT MYERS, FL 33908

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Entity Nar	me: GO FOR B	ROKE ENTERPRISES, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
17331 CARDEN CT. FORT MYERS, FL 33908			SUITE 202	10491 SIX MILE CYPRESS PKWY. SUITE 202 FORT MYERS, FL 33966	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
17331 CARDEN CT. FORT MYERS, FL 33908			SUITE 202	10491 SIX MILE CYPRESS PKWY. SUITE 202 FORT MYERS, FL 33966	
FEI Number:	:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
GONZALEZ, ALAN E 17331 CARDEN CT. FORT MYERS, FL 33908 US			10491 SIX MILE CYF SUITE 202	GONZALEZ, ALAN E 10491 SIX MILE CYPRESS PKWY. SUITE 202 FORT MYERS, FL 33966 US	
The above in the State	named entity su of Florida.	bmits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATURE: ALAN GONZALEZ				03/24/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financing 1	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D HOUK, LANE A 17331 CARDEN C FORT MYERS, FI	рт.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () D HOUK, SHANNON 17331 CARDEN C FORT MYERS, FI	CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () D GONZALEZ, ALAI 17331 CARDEN O FORT MYERS, FI	N E CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VP () D GONZALEZ, ALYS		Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LANE A. HOUK Ρ 03/24/2009