

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075536

Entity Name: GO FOR SUPPLY, INC.

FILED  
Jan 11, 2004  
Secretary of State

## Current Principal Place of Business:

524 PAUL MORRIS DRIVE  
STE. F  
ENGLEWOOD, FL 34223 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 28  
ENGLEWOOD, FL 342950028 US

## New Mailing Address:

FEI Number: 65-0451233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MADDEN, JOHN  
524 PAUL MORRIS DRIVE  
SUITE F  
ENGLEWOOD, FL 34223 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MADDEN, JOHN  
Address: 524 PAUL MORRIS DRIE  
City-St-Zip: ENGLEWOOD, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JOHN MADDEN

P

01/11/2004

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

\_\_\_\_\_  
Date