

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000075536

Entity Name: GO FOR SUPPLY, INC.

**FILED**  
**Feb 21, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MADDEN, JOHN  
Address: 524 PAUL MORRIS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: SECT  
Name: MADDEN, CAROLE A  
Address: 524 PAUL MORRIS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

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: JOHN MADDEN

PRES

02/21/2011

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

\_\_\_\_\_  
Date