

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000020050**

1. Entity Name  
**GO-BUFF ENTERPRISES, INC.**



Principal Place of Business  
**4817 CYPRESS WOODS DR  
SUITE 5109  
ORLANDO, FL 32811 US**

Mailing Address  
**1927 S. 14 ST STE 1000  
AMELIA ISLAND, FL 32034 US**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1795663</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BUFFINGTON, PERRY W  
4817 CYPRESS WOODS DRIVE  
#5109  
ORLANDO, FL 32811**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<b>BUFFINGTON, PERRY W</b>
NAME	
STREET ADDRESS	<b>4817 CYPRESS WOODS DRIVE, #5109</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>

TITLE <b>CFO</b>	<b>VOLLBEER, FRED H</b>
NAME	
STREET ADDRESS	<b>72 DEER PATH</b>
CITY-ST-ZIP	<b>DAHLONEGA, GA 30533</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRED VOLLBEER CFO**

**1-4-06 706-864-9721**

Date

Daytime Phone #