


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90052 037 \*\*\*150.00

**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**

2. Principal Place of Business - No P.O. Box #  
**1927 S. 14 St.**

3. Mailing Address  
 Suite, Apt. #, etc.  
**STE 1000**

City & State  
**Amelia Island, FL**

City & State  
**Amelia Island, FL**

Zip  
**32034**

Country  
**Nassau**



01092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**58-1795663**

Applied For  
 Not Applicable

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**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1927 S. 14 ST, SUITE 1000**  
 City **AMELIA ISLAND** **FL** Zip Code **32034**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUFFINGTON, PERRY W 4817 CYPRESS WOODS DRIVE, #5109 ORLANDO, FL 32811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1927 S. 14 St., STE 1000 Amelia Island, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO VOLLBEER, FRED H 72 DEER PATH DAHLONEGA, GA 30533</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **CFO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-9-07** Daytime Phone # **706-844-9726**