2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # P94000071120 1. Entity Name GOFF CONSTRUCTION, INC.						04-13-2007 90185 029 ***158.75					
Principal Place of Business 2331 TAMIAMI TRAIL UNIT 111 PUNTA GORDA, FL 33950		Mailing Address 2331 TAMIAMI TRAIL UNIT 111 PUNTA GORDA, FL 33950				18044 16044	(K) #61 K (870 k (
Principal Place of Business - No P.O. Box # 624 Solona Loop		3. Mailing Address 624 Solona Loop									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01092007	Chg-P	CR2E	034 (12/06)		
City & State Punta C	e Gorda, FL 33950	City & State Punta Gorda,	FL. 33	950		4. FEI Number 65-0524			— — —	plied For Applicable	
Zip	Country	Zip	Country			5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		Name G	OFF		Address of New B. PRESI		Agent		
GOFF, WAYNE B PRES. 2331 TAMIAMI TRAIL				Street Address (P.O. Box Number is Not Acceptable) 624 Solona Loop							
UNIT 111 PUNTA GORDA, FL 33950				02	, ,,,,	zona Eo	<u> </u>				
						Gorda	747	FL	Zip Code 33950)	
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered	office or re	egistere	ed agent, or bot	h, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE		e B.		when reinstating)		April DATE	6, 200	7	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Efection Campai Trust Fund Contr		ng 🗆	\$5.0 Adde	00 May Be d to Fees					
10.	OFFICERS AND		11.		D & 1		CHANGES TO OF	FICERS ANI			
TITLE NAME STREET ADDRESS	GOFF, WAYNE B 2331 TAMIAMI TRAIL UNIT 111	☐ Delete	TITLE NAME STREET A	1	Goff	r , Wayne Solona 1			⊠ Change	☐ Addition	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST	I			FL 33950				
NAME STREET ADDRESS CITY-ST-ZIP	S	Delete	TITLE NAME STREET A CITY-ST	ADDRESS zip					☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	ADORESS - ZIP		,,,,,,,,	•		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP			, ,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	-ZIP					☐ Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee error or on an attachment with an add	this filing along not qualify for the and accurate and that me weed to execute this report a mental for the proposered.	r the exem ny signature as required	ptions con e shall hav d by Chapt	ntained ve the si ter 607,	in Chapter 119 ame legal effec Florida Statute	Florida Statutes. t as if made under s; and that my nan	t further cer oath; that I ne appears	tify that the in am an officer n Block 10 or	or director Block 11 if	

Wayne B. Goff

SIGNING OFFICER OR DIRECTOR

SIGNATURE

April 6, 2007

Daytime Phone #