


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90536 017 \*\*\*150.00

<b>DOCUMENT # P95000087874</b>	
1. Entity Name <b>DIVERSIFIED AIRBORNE ENTERPRISES, INC.</b>	

Principal Place of Business <b>PO BOX 890 VALRICO, FL 33595-0890</b>	Mailing Address <b>PO BOX 890 VALRICO, FL 33595-0890</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**00040334**



04292005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3348684**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>GOFF, HAROLD G 345 E ROBINSON ST. BRANDON, FL 33511</b>	

7. Name and Address of New Registered Agent	
Name <b>Goff, Harold G</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>204 Lithia Pinecrest Rd</b>	
City <b>Brandon</b>	Zip Code <b>FL 33511</b>

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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>S CONTI-GOFF, REBECCA J PO BOX 890 VALRICO, FL 335950890</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD GOFF, HAROLD GLENN 345 E ROBERTSON ST BRANDON, FL 33511</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD Goff, Harold Glenn 204 Lithia Pinecrest Rd Brandon FL 33511</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Harold Glenn Goff* **HAROLD GLENN GOFF, 4/29/05 813-655-7272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #