2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90536 016 ***150.00

DOCUMENT # P95000088247

1. Entity Name
HAROLD GLENN GOFF, P.A.

Principal Place of Business	Mailing Address
345 E. ROBERTSON ST. BRANDON, FL 33511	345 E. ROBERTSON ST. BRANDON, FL 33511

50046335

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.: 204 Lithia Pinecrest		Suite, Apt. #, etc.: 204 Lithia Pinecrest	
City & State: Brandon FL		City & State: Brandon FL	
Zip: 33511	Country: US	Zip: 33511	Country: US

04292005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3348685 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOFF, HAROLD GLENN
345 E. ROBERTSON ST.
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name: Goff, Harold Glenn
Street Address (P.O. Box Number is Not Acceptable): 204 Lithia Pinecrest Rd
City: Brandon FL Zip Code: 33511

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD GOFF, HAROLD GLENN 345 E. ROBERTSON ST BRANDON, FL 33511		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD Goff, Harold Glenn 204 Lithia Pinecrest Road Brandon FL 33511	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONTI-GOFF, REBECCA J PO BOX 890 VALRICO, FL 335950890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] - President HAROLD GLENN GOFF 4/29/05 813-655-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #