

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000091866

1. Entity Name
GOGGIN, INC.



Principal Place of Business

**999 ESPLANADE
PELHAM, NY 10803**

Mailing Address

**999 ESPLANADE
GOGGIN, INC.
PELHAM, NY 10803**

DO NOT WRITE IN THIS SPACE



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3349864** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROTTY, KATHLEEN L ESQ.
2128 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROTTY, MARY
STREET ADDRESS	999 ESPLANADE
CITY-ST-ZIP	PELHAM, NY 10803
TITLE	VD
NAME	CROTTY, MAUREEN ALICE
STREET ADDRESS	71 ANGELL ST.
CITY-ST-ZIP	CUMBERLAND, RI 02864
TITLE	SDT
NAME	CROTTY, KELLY JEAN
STREET ADDRESS	138 E. 36TH ST. #1B
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	D
NAME	CROTTY, ALICE
STREET ADDRESS	630 JOHN ANDERSON DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/05-80030-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Mary C Crotty / MARY C CROTTY, President

4/2/05

(212)

733-1469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #