# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2008**
**Secretary of State**

DOCUMENT# P95000091866

**Entity Name:** GOGGIN, INC.

**Current Principal Place of Business:**

999 ESPLANADE
PELHAM, NY 10803

**New Principal Place of Business:**

106 NORTH ST. ANDREWS DRIVE
ORMOND BEACH, FL 32174

**Current Mailing Address:**

999 ESPLANADE
GOGGIN, INC.
PELHAM, NY 10803

**New Mailing Address:**

**FEI Number: 59-3349864** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROTTY, KATHLEEN L ESQ.
106 NORTH ST. ANDREWS DRIVE
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: CROTTY, MARY
Address: 999 ESPLANADE
City-St-Zip: PELHAM, NY 10803

Title: VD ( ) Delete
Name: CROTTY, MAUREEN ALICE
Address: 71 ANGELL ST.
City-St-Zip: CUMBERLAND, RI 02864

Title: SDT ( ) Delete
Name: CROTTY, KELLY JEAN
Address: 138 E. 36TH ST. #1B
City-St-Zip: NEW YORK, NY 10016

Title: D ( ) Delete
Name: CROTTY, ALICE
Address: 630 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CROTTY PD 03/31/2008

Electronic Signature of Signing Officer or Director — Date