


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90030 013 ***150.00

DOCUMENT # P98000003871 1. Entity Name DOC'S GOOFY JIGS, INC.					
Principal Place of Business 7271 81ST TERRACE NORTH PINELLAS PARK, FL 33781			Mailing Address 7271 81ST TERRACE NORTH PINELLAS PARK, FL 33781		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3496140	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD J. DA FONTE, P.A. 1000 BELCHER ROAD SOUTH, SUITE 2 LARGO, FL 34641			7. Name and Address of New Registered Agent Name DENNIS COOK, CPA Street Address (P.O. Box Number is Not Acceptable) 1000 BELCHER RD S, SUITE 2 City LARGO FL Zip Code 33771		
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 <u><i>Dennis A Cook</i></u> DATE <u>1/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HARTKOPH, ROBERT L 7271 81ST TERRACE NORTH PINELLAS PARK, FL 33781 OK	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/7/08</u> Daytime Phone # <u>727-541-6364</u>			