2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOQUMENT # P98000085072 **FILED** Jul 16, 2008 08:00 AM Secretary of State GOFF HOME & BUILDING SERVICES, INC. Principal Place of Business Mailing Address 1160 CORDOVA BLVD NE 1160 CORDOVA BLVD NE SAINT PETERSBURG, FL 33704 SAINT PETERSBURG, FL 33704 07072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3532786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOFF, GERALD DO NOT WRITE 1160 CORDOVA BLVD NE SAINT PETERSBURG, FL 33704 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) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE GOFF, GERALD NAME STREET ADDRESS 1160 CORDOVA BLVD NE CITY-ST-ZIP SAINT PETERSBURG, FL 33704 000000955252 07/16/08-80008-017 550.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 export 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 of myster empowered 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 acquiress, with all pure like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

7-14-08

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