

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90011 045 \*\*\*150.00

**DOCUMENT # P98000108282**

1. Entity Name  
GOFF'S CONSULTING, INC.



Principal Place of Business  
4980 S. FERDON BLVD  
CRESTVIEW, FL 32536

Mailing Address  
4980 S. FERDON BLVD  
CRESTVIEW, FL 32536



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3549331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

GOFF, RICK L  
4980 S. FERDON BLVD  
CRESTVIEW, FL 32536

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GOFF, RICK L
STREET ADDRESS	4980 S FERDON BLVD
CITY-ST-ZIP	CRESTVIEW, FL 325396333
TITLE	S
NAME	GOFF, SUSAN M
STREET ADDRESS	4980 S FERDON BLVD
CITY-ST-ZIP	CRESTVIEW, FL 325396333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 850-682-8635

Date

Daytime Phone #