


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State


03-19-2004 90061 012 ***150.00

DOCUMENT # P94000017235	
1. Entity Name GOOSE POND CORPORATION	

Principal Place of Business 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE, FL 32308 US	Mailing Address 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE, FL 32308 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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02132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3294419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TODD, DAVID E 1801 HERMITAGE BLVD 100 TALLAHASSEE, FL 32308	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DOUGLAS 1801 HERMITAGE BLVD., STE 600 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECOSTA, LALER C 3424 PEACHTREE RD NE, SUITE 800 ATLANTA, GA 30326 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORTH, WILLIAM R 3424 PEACHTREE ROAD NE, STE 800 ATLANTA, GA 30326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS SMITH, JEFFREY I 1801 HERMITAGE BLVD., STE 600 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKEAN, THOMAS A 3424 PEACHTREE ROAD NE, STE 800 ATLANTA, GA 30326 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TRIVERS, LISA K 3424 PEACHTREE ROAD NE, STE 800 ATLANTA, GA 30326 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARRIOR, DEXTER B. 3424 PEACHTREE RD., NE, STE. 800 ATLANTA, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWMARK, DEBBIE J. 3424 PEACHTREE RD., NE, STE. 800 ATLANTA, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LATHEM, LORI Q. 3424 PEACHTREE RD., NE, STE. 800 ATLANTA, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Debbie J. Newmark **Debbie J. Newmark** 02/17/04 404-846-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #