2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000017235

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1. Entity Nam GOOSE F		ORPORATION						
Principal Place of Business 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE, FL 32308 US Mailing Address 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308			us					
2. Principal P	lace of Busin	ness	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.		•		02132004 Chg-P CR2E034 (10/03)				
City & State	e		City & State			4. FEI Number Applied For 59-3294419 Not Applicat		
Zip		Country	Zip	Coun	stry	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current Ro	egistered Agent			7. Name and Address of New Registered Agent		
_					Name			
TODD, DAVID E 1801 HERMITAGE BLVD 100				Street Address (P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE, FL	32308						
					City	FL Zip Code		
	named entity ions of regist		he purpose of changing its	register	ed office or regist	tlered agent, or both, in the State of Florida. I am familiar with, and acce	ept	
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature requir	nired when reinstating) DATE		
			9 Fination Compai					
		FEE IS \$150.00 4 Fee will be \$550.00	9. Election Campai Trust Fund Conti		· ·	55.00 May Be dded to Fees		
			Trust Fund Conti		· ·			
After Ma	ay 1, 200	4 Fee will be \$550.00 OFFICERS AND D	Trust Fund Conti	ribution.	E P	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/	lion	
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12. Thereby certify that the information supplied with this filling 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 9- Themal	Debbie J. Newmark	02/17/04	404-846-1300
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIF	RECTOR	Date	Daytime Phone #