2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State

DOCUMENT # N9600001687 1. Entity Name GOOSE POND AG, INC.					~	03-03-20	-	008 ****61.	25
Principal Place of Business 1801 HERMITAGE BLVD., SUITE 600 1801 HERMITAGE BLVD., STALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308							IIKI BBISI BBINI BBISI	i ikrie dikri irin ieb	(1 6;]00
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	ailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0.	2132008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State		4.	FEI Number 59-3414	409		 	plied For t Applicable
Zip	Country	Zip	Country	5.	. Certificate o	of Status Desir	red 🔲	\$8.75 Add Fee Required	
·····	6. Name and Address of Current I	Registered Agent		7.	Name and	Address of N	ew Registered	d Agent	
TODD, DAVID E 1801 HERMITAGE BLVD.				Name Street Address (P.O. Box Number is Not Acceptable)					
STE 100	SSEE EL 32308				•	· ·			
TALLAHASSEE, FL 32308			City				F	L Zip Code)
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	registered a	agent, or both	, in the State	of Florida. I ar	m familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	no litte if applicable. (NOTE:	Registered Agent signat	ure required when	n reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Camp	paign Financing		. 00		Make che	ck payable to	7.40
	Due by May 1, 2008	Trust Fund Co	ontribution.	□ Ado	.00 May Be	'		artment of St	
10.	Due by May 1, 2008 OFFICERS AND DIR			□ Add	ded to Fees		Florida Depa	artment of St	ate :
10.		ECTORS	11.	ADD!	ded to Fees	NGES TO OF	FICERS AND L	DIRECTORS IN	ate .
	OFFICERS AND DIR		11.	ADD!	ded to Fees	NGES TO OF	FICERS AND L	DIRECTORS IN	ate .
TITLE NAME STREET ADDRESS	DVAS SMITH, JEFFERY 1801 HERMITAGE BLVD, STE 60	ECTORS	11. TITLE NAME STREET ADDRESS	ADDI Simi	th, Jo Hern	NGES TO OF	FICERS AND D	DIRECTORS IN Change Stc 600	ate .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS SMITH, JEFFERY 1801 HERMITAGE BLVD, STE 60 TALLAHASSEE, FL 32308	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDI Simi	th, Jo Hern	NGES TO OF	FICERS AND L	DIRECTORS IN Change SHC 60	10 Addition
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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 617, 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: COLLEGE ME BORING OFFICER OF DIRECTOR BOLLEY 213/08 47-147-16