2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N96000001687

Entity Name: GOOSE POND AG, INC.

Current Principal Place of Business:

1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3414409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TODD, DAVID E
1801 HERMITAGE BLVD.
STE 100
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DVAS	( ) Delete
Name:	SMITH, JEFFERY	
Address:	1801 HERMITAGE BLVD STE 600	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	BENNETT, DOUGLAS W	
Address:	1801 HERMITAGE BLVD., SUITE 600	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	DVAT	( ) Delete
Name:	GRAY, LYNNE M	
Address:	1801 HERMITAGE BLVD, STE 600	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	P	( ) Delete
Name:	CONRAD, JEFFREY A.	
Address:	99 HIGH ST, 26 FLR	
City-St-Zip:	BOSTON, MA	
Title:	V	( ) Delete
Name:	WILLIAMS IV, OLIVER S	
Address:	99 HIGH ST., 26 FLR	
City-St-Zip:	BOSTON, MA 02110	
Title:	ST	( ) Delete
Name:	BAILEY, CAROLYN M	
Address:	99 HIGH ST, 26 FLR	
City-St-Zip:	BOSTON, MA 02110	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	CONRAD, JEFFREY A	
Address:	99 HIGH ST, 26 FLR	
City-St-Zip:	BOSTON, MA 02110	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN M BAILEY ST 01/22/2009

Electronic Signature of Signing Officer or Director — Date