

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005034

**Entity Name:** GOLDFISH USA, INC.

**Current Principal Place of Business:**

5550 FORT DENAUD RD  
FT DENAUD, FL 33935

**Current Mailing Address:**

BOX 2020  
LABELLE, FL 33975

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PORTER, LUANNE  
5550 FORT DENAUD RD  
FT DENAUD, FL 33935 US

*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

**Officer/Director Detail :**

Title D  
Name BATEMAN, BAY  
Address 245 MIDDAUGH RD  
City-State-Zip: CLARENDON HILLS IL 60514

Title D  
Name PORTER, LUANNE  
Address BOX 2020  
City-State-Zip: LABELLE FL 33975

Title D  
Name WILSON, ELIZABETH  
Address 195 OLD PERRY RD  
City-State-Zip: BONAIRE GA 31005

Title D  
Name PORTER, WILLIAM  
Address BOX 2020  
City-State-Zip: LABELLE FL 33975

Title D  
Name MCGURK, MAUREEN  
Address 7017 CLINE DR  
City-State-Zip: GLYNN LA 70736

*I hereby 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 all other like empowered.*

**SIGNATURE:** LUANNE PORTER

**DIRECTOR**

**04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date