

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001687

**Entity Name:** GOOSE POND AG, INC.

**Current Principal Place of Business:**

1801 HERMITAGE BLVD., SUITE 600  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1801 HERMITAGE BLVD., SUITE 600  
TALLAHASSEE, FL 32308

**FEI Number:** 59-3414409

**Certificate of Status Desired:** No

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

TODD, DAVID E  
1801 HERMITAGE BLVD.  
STE 100  
TALLAHASSEE, FL 32308 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 DVAS  
Name SMITH, JEFFERY  
Address 1801 HERMITAGE BLVD STE 600  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name BENNETT, DOUGLAS W  
Address 1801 HERMITAGE BLVD., SUITE 600  
City-State-Zip: TALLAHASSEE FL 32308

Title DVAT  
Name GRAY, LYNNE M  
Address 1801 HERMITAGE BLVD, STE 600  
City-State-Zip: TALLAHASSEE FL 32308

Title P  
Name WILLIAMS IV, OLIVER S  
Address 99 HIGH ST, 26 FLR  
City-State-Zip: BOSTON MA 02110

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:** OLIVER S WILLIAMS IV

**PRESIDENT**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date