2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 116761

Address:

City-St-Zip:

DELAND, FL

Entity Name: V.W. GOULD AGENCY, INC

FILED Sep 05, 2007 Secretary of State

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Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
P.O.BOX	"H WOODLAN 165 FL 32721716		P. O. BOX	201 NORTH WOODLAND BLVD. P. O. BOX 165 DELAND, FL 327210165 US			
Current M	lailing Addres	ss:	New Maili	New Mailing Address:			
201 NORTH WOODLAND BLVD. P. O. BOX 165 DELAND, FL 327217165			201 NORTH WOODLAND BLVD. P. O. BOX 165 DELAND, FL 327210165 US				
FEI Number:	: 59-0267670	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Des	ired ()	
Name and	Address of 0	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	STEPHEN S WINNEMISSE FL 32724 U	ITT DR JS					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered ager	nt, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	ent		Date		
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	T (PETERSON, JI 4045 HWY 11 DELAND, FL 3		Title: Name: Address: City-St-Zip:	,) Change () Addition		
Title: Name: Address: City-St-Zip:	V (PHILLIPS, W. 9 1360 W TALTO DELAND, FL		Title: Name: Address: City-St-Zip:	V PHILLIPS, W 703 N PARKY DELAND, FL	VAY ST		
Title: Name: Address: City-St-Zip:	GOULD, STEP	NEMISSETT DR	Title: Name: Address: City-St-Zip:) Change () Addition		
Title: Name: Address:	S (PETERSON, JI 4045 HWY 11) Delete EANNETTE,	Title: Name: Address:	,) Change () Addition		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEPHEN S. GOULD **PRES** 09/05/2007