

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004635	
1. Entity Name GOSLING ACQUISITIONS INC	

Principal Place of Business C/O JPMPE 2036 WASHINGTON ST. HANOVER, MA 02339	Mailing Address C/O JPMPE 2036 WASHINGTON ST. HANOVER, MA 02339
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01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0167226	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	1100000064879 02/25/04-80012-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RIVERA, EDWIN C/O JPMPE, 2036 WASHINGTON ST. HANOVER, MA 02339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUTTER, DAWN L C/O JPMPE, 2036 WASHINGTON ST. HANOVER, MA 02339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTOS, KRISTEN M C/O JPMPE, 2036 WASHINGTON ST. HANOVER, MA 02339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP GALLIVAN, KATHLEEN D 209 GRAY LANE HANSON, MA 02341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ALLEN, BRENTON J 104 POND ST. WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GELSON, ANDREW F 9 ANCHOR DR. FORESTDALE, MA 02644

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, 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: Kristen M Santos Kristen M. Santos, Treasurer 2/3/04 781-871-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #