

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # F04000006207

1. Entity Name
GOSSMAN, INC.



Principal Place of Business
6304 LAKE SHORE
MASON, OH 45040

Mailing Address
6304 LAKE SHORE
MASON, OH 45040



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0275394

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOSSMAN, J. FREDERICK
822 CROSSFIELD
VENICE, FL 34293

**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 *J. Frederick Gossman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/28/08*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000689224

04/22/08 00000004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	GOSSMAN, J. FREDERICK
STREET ADDRESS	6304 LAKE SHORE
CITY-ST-ZIP	MASON, OH 45040

TITLE	S
NAME	GOSSMAN, CYNTHIA J
STREET ADDRESS	6304 LAKE SHORE
CITY-ST-ZIP	MASON, OH 45040

TITLE	TD
NAME	GOSSMAN, CYNTHIA
STREET ADDRESS	6304 LAKE SHORE
CITY-ST-ZIP	MASON, OH 45040

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *J. Frederick Gossman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/08 *941-496-8225*

513-236-6010