


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90042 006 ***150.00

DOCUMENT # F80110 1. Entity Name G. GOULD COMPANY					
Principal Place of Business 101 CENTURY 21 DR #113 JACKSONVILLE, FL 32216 US			Mailing Address 101 CENTURY 21 DR #113 JACKSONVILLE, FL 32216 US		
2. Principal Place of Business Suite, Apt. #, etc. 206 City & State			3. Mailing Address Suite, Apt. #, etc. 206 City & State		
Zip 		Country		4. FEI Number 59-2200503 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FLOTT, STEPHEN A CPA 101 CENTURY 21 DR STE 113 JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name FLOTT, STEPHEN A. CPA Street Address (P.O. Box Number is Not Acceptable) 101 CENTURY 21 DR STE. 206 City JACKSONVILLE FL Zip Code 32216	
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 <u>STEPHEN A. FLOTT CPA</u> <u>Stephen A. Flott CPA</u> <u>2/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, BARBARA G 206 N JONES CREEK RD FRANKLIN, NC 28734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, GORDON 206 N JONES CREEK RD FRANKLIN, NC 28734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Gordon Gould</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-22-05</u> <u>818-369-5756</u> <small>Date Daytime Phone #</small>		

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