2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

Mailing Address 101 CENTRY 21 DR 1324 105 10	DOCUMENT # F80110 1. Entity Name G. GOULD COMPANY)	03-25-2005	90042 006 ***150	0.00
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Name	Zip							Fee Required	
FLOTT, STEPHEN A CPA 101 CENTURY 2 1 DR STE 13 JACKSONVILLE, FL 32216 STE . 2 0 6 The above hance entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorica, I am familiar with, and accept the ortigators of registered agent. SIGNATURE STEPHEN A FROTT CAY SIGNAT		6. Name and Address of Current	Registered Agent		None	7. Name and A	ddress of New R	egistered Agent	
SICE ADDRESS (P.O. Box Number) is Not Acceptable) STE 13 JACKSONVILLE, FL 32216 STE . 2.06 City A CK SONVILLE FL 20 Code	ELIOTE IS	FERHENIA CRA			FIATT	STEPHIN	A. COA		
City TACK SON YLLE FL 30 Code the purpose of Changing its registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent. SIGNATURE STEPHEN A FUT CON SUMMER Sequence and List a Europeans. (NOTE Registered Agent insurance insura	101 CENTURY 21 DR				Street Address	(P.O. Box Number	is Not Acceptable	2)	
B. The above harmed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE: STEPHEN A FLOTT CAY SIGNATURE: STEPHEN A FLOTT CAY After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE D OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE D ONLE GOULD, BARBARA G SITEST ADDRESS GOY-51-2P FRANKLIN, NC 28734 CITY-51-2P TILE NAME SITEST ADDRESS CITY-51-2P TI	JACKSONVILLE, FL 32216				STE.	206			
SIGNATURE STEPHEN FORTY OF CONTENDED SQUARMAN, hybrid or preted name of inquisected agent and tize of applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Selection Campsign Financing Trust Fund Contribution.					City	SONVILLE			
SIGNATURE STEPHEN A FLOTT CLY SOURCE ROUTE SOURCE ROUTE STATE AND LIFE CHARGE SOURCE ROUTE REQUESTED Agent required service of when recenting) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.	The above the obligation	named entity submits this statement for tions of registered agent.	r the purpose of changing its	register	ed office or registe	ered agent, or both,	in the State of Flo	orida. I am familiar with,	and accept
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After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signature, typed or printed name of registered agent	and tale if applicable. (KOT	E: Registere	d Agent signature requir	ed when reinstating)	******************************	DATE	
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indicated on this report or supplemental report is true and acquired 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 of 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: