

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90024 028 \*\*\*150.00

**DOCUMENT # K36291**

1. Entity Name

GOSS ASSOCIATES, INC.



Principal Place of Business

18864 SE JUPITER RIVER DRIVE  
JUPITER FL 33458

Mailing Address

P.O. BOX 3844  
P.O. BOX 3844  
TEQUESTA FL 33469-7844  
US

2. Principal Place of Business

19020 S.E. REACH ISLAND LANE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER FLORIDA

City & State

SAME

Zip

33458

Country

USA

Zip

Country

4. FEI Number

02-0362266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOSS, ANNA M.  
18864 SE JUPITER RIVER DRIVE  
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name ANNA M. GOSS

Street Address (P.O. Box Number is Not Acceptable)

19020 S.E. REACH ISLAND LANE

City

JUPITER

FL

Zip Code

33458

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME GOSS, JACKSON W.  
STREET ADDRESS 18864 SE JUPITER RIVER DRIVE  
CITY-ST-ZIP JUPITER FL 33458

TITLE VST ☐ Delete  
NAME GOSS, ANNA M.  
STREET ADDRESS 18864 SE JUPITER RIVER DRIVE  
CITY-ST-ZIP JUPITER FL 33458

TITLE D ☐ Delete  
NAME GOSS, GARY J.  
STREET ADDRESS 4203 MILEFORD CT  
CITY-ST-ZIP NAPERVILLE IL 60664

TITLE D ☒ Delete  
NAME GOSS, JOHN W.  
STREET ADDRESS 4040 ROCKWOOD LANE  
CITY-ST-ZIP WINSTON SALEM NC 27106

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 19020 S.E. REACH ISLAND LANE  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 19020 S.E. REACH ISLAND LANE  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 146 RIVER MIST DRIVE  
CITY-ST-ZIP OSWEGO, ILLINOIS 60543

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04  
Date

(561) 743-9738  
Daytime Phone #