

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 03, 2008 8:00 am**  
**Secretary of State**

09-03-2008 90005 049 \*\*\*550.00

**DOCUMENT # K36291**

1. Entity Name  
GOSS ASSOCIATES, INC.



Principal Place of Business  
19020 SE REACH ISLAND LANE  
JUPITER, FL 33458

Mailing Address  
19020 SE REACH ISLAND LANE  
~~P.O. BOX 3844~~ DELETE  
JUPITER, FL 33458 US

**40115052**



07022008 No Chg-P CR2E034 (11/05)

4. FEI Number  
02-0362266

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**

GOSS, ANNA M.  
19020 SE REACH ISLAND LANE  
JUPITER, FL 33458

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GOSS, JACKSON W.  
19020 SE REACH ISLAND LANE  
JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
GOSS, ANNA M.  
19020 SE REACH ISLAND LANE  
JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOSS, GARY J.  
146 RIVER MIST DR  
OSWEGO, IL 60543

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: Jackson W. Goss  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/08  
Date

561-743-9738  
Daytime Phone #

JACKSON W. GOSS, PRES.