

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # K49497

1. Entity Name
S & B GOULD, INC.



Principal Place of Business
**% BEVERLY GOULD
13641 SW 103 PLACE
MIAMI, FL 33176**

Mailing Address
**% BEVERLY GOULD
13641 SW 103 PLACE
MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0081480

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOULD, BEVERLY
13641 SW 103 PLACE
MIAMI, FL 33176**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000243736
02/25/05-80054-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOULD, BEVERLY
STREET ADDRESS	13641 SW 103 PLACE
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: *X B Gould*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/10/05

Date

Daytime Phone #