


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

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| DOCUMENT # N96000001687 1. Entity Name GOOSE POND AG, INC. |  |
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| Principal Place of Business 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308 | Mailing Address 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308 |
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-NP CR2E037 (10/03)

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| 4. FET Number 59-3414409 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent TODD, DAVID E 1801 HERMITAGE BLVD. STE 100 TALLAHASSEE, FL 32308 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000104190 04/05/04 00087 010 01.25 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVAS SMITH, JEFFERY 1801 HERMITAGE BLVD, STE 600 TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BENNETT, DOUGLAS W 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVAT GRAY, LYNNE M 1801 HERMITAGE BLVD, STE 600 TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CONRAD, JEFFREY A. 99 HIGH ST, 26 FLR BOSTON, MA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V KOENINGER, JULIE A 99 HIGH ST., 26 FLR BOSTON, MA 02110 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST HORGAN, FREDERICK B. 99 HIGH ST, 26 FLR BOSTON, MA |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Fredrick B. Horgan 3/17/2004 617-247-1605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #