


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001687	
1. Entity Name GOOSE POND AG, INC.	

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



03172005 No Chg-NP CR2E037 (10/03)

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

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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

DO NOT WRITE
IN THIS SPACE

U00000272676
03/22/05-80014-011 70.00

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 title empowered.

SIGNATURE: *Frederick B. Horgan* Date: 3/18/2005 Daytime Phone #: 6177471605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR