


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90062 030 ****61.25

DOCUMENT # N99000006366			
1. Entity Name GOSPLOSION, INC.			
Principal Place of Business 6155 S. FLA. AVE. #7 LAKELAND, FL 33813		Mailing Address 6155 S. FLA. AVE. #7 LAKELAND, FL 33813	
2. Principal Place of Business <u>2170 Rutland Street</u>		3. Mailing Address <u>P.O. Box 680143</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Opa-Locka, Fla.</u>		City & State <u>Miami, Fla.</u>	
Zip <u>33084-3754</u>		Zip <u>33168-0143</u>	
Country <u>USA</u>		Country <u>USA</u>	
4. FEI Number 31-1676112		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <u>Paid - never received</u> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REED, RONALD 6155 S. FLA. AVE. #7 LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name <u>Lydia Goodin</u> Street Address (P.O. Box Number is Not Acceptable) <u>2170 Rutland Street</u> City <u>Opa Locka</u> <u>FL</u> Zip Code <u>33054</u>	
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 <u>Lydia Goodin</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		<u>Lydia Goodin</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOODIN, LYDIA 2170 RUTLAND STREET MIAMI SHORES, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. Goodin, Lydia 2170 Rutland St. Opa-Locka, Fl. 33054 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HILL, N B 5225 TILLERY ROAD LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Harvey, Dewayne 9972 Cherry Hill Ave. Cir. Bradenton, Fla. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD REED, RONALD R 6155 S. FLA. AVE., #7 LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CROCKETT, RUTH E 9145 NE 4TH AVE MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARVEY, DEWAYNE 9972 CHERRY HILL AVE CIR BRADENTON, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Eddre Belle Williams 2350 N.W. 54th St. #604 Miami, Fla. 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Lydia Goodin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Feb. 4, 2004</u> <u>305-681-2716</u> <small>Date Daytime Phone #</small>	

94012694



01232004 Chg-NP CR2E037 (10/03)

Attachment

#N99060006366

Miami, Fla.
Feb. 04, 2004

To Whomsoever Concern, (Certificate of Status)

Please be advised we submitted
a request on last year for our
certificate and we never received it.

Would you please send it to our
new address listed below:

Gesplosion, Inc.

P.O. Box 680143

Miami, Fla. 33162-0143

If your records show a
discrepancy, be kind and contact us.

Sincerely,

Lydia Gordon

305-681-2716