

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000037352

1. Entity Name
THE GOSS GROUP, INC.



Principal Place of Business
**1618 REGAL OAK DRIVE
KISSIMMEE, FL 34744-6643**

Mailing Address
**1618 REGAL OAK DRIVE
KISSIMMEE, FL 34744-6643**

DO NOT WRITE IN THIS SPACE



06022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3638855

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOSS, DONALD R
1618 REGAL OAK DRIVE
KISSIMMEE, FL 34744-6643**

**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	P
NAME	GOSS, SHERRILYN M
STREET ADDRESS	1618 REGAL OAK DR
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	VP
NAME	GOSS, DONALD R
STREET ADDRESS	1618 REGAL OAK DR
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000952848
06/05/08-80005-008 550.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/08
Date

407-932-2697
Daytime Phone #