

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073179

Entity Name: THOMAS R. GOULD, INC.

FILED  
Feb 16, 2010  
Secretary of State

**Current Principal Place of Business:**

19 TEAK WAY DR.  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

19 TEAK WAY DR.  
OCALA, FL 34472

**New Mailing Address:**

FEI Number: 59-3662921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOULD, THOMAS R  
19 TEAK WAY DR.  
OCALA, FL 34472 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: O  
Name: GOULD, THOMAS R  
Address: 19 TEAK WAY DR.  
City-St-Zip: Ocala, FL 34472

Title: O  
Name: GOULD, SHIRLEY A  
Address: 19 TEAK WAY DR.  
City-St-Zip: Ocala, FL 34472

Title: O  
Name: GOULD, KEVIN T SAFTEY  
Address: 19 TEAK WAY DRIVE  
City-St-Zip: Ocala, FL 34472

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS R. GOULD

OWNE

02/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date