

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90122 001 \*\*\*150.00

**DOCUMENT # P00000095969**

1. Entity Name

GOOSE CREEK DEVELOPERS, INC.



Principal Place of Business

241 JOHN KNOX RD, STE 200  
TALLAHASSEE, FL 32303

Mailing Address

2811-E INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301

30029600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3675985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, J. RUSSELL  
241 JOHN KNOX RD, STE 200  
TALLAHASSEE, FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME PRICE, J. RUSSELL  
STREET ADDRESS 241 JOHN KNOX RD, STE 200  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GHAVINI, HOSSEIN  
STREET ADDRESS 241 JOHN KNOX RD, STE 200  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☒ Change ☐ Addition  
NAME 2811-E Industrial Plaza Dr.  
STREET ADDRESS Tallahassee, FL 32301  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GHAVINI, BEHZAD  
STREET ADDRESS 241 JOHN KNOX RD, STE 200  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☒ Change ☐ Addition  
NAME 2811-E Industrial Plaza Dr.  
STREET ADDRESS Tallahassee, FL 32301  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GHAVINI, MEHRAN  
STREET ADDRESS 241 JOHN KNOX RD, STE 200  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☒ Change ☐ Addition  
NAME 2811-E Industrial Plaza Dr.  
STREET ADDRESS Tallahassee, FL 32301  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GHAVINI, MEHRDAD  
STREET ADDRESS 241 JOHN KNOX RD, STE 200  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☒ Change ☐ Addition  
NAME 2811-E Industrial Plaza Dr.  
STREET ADDRESS Tallahassee, FL 32301  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #