

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90242 023 \*\*\*150.00

**DOCUMENT # P01000053201**

1. Entity Name  
**GOLDEN GOOSE INT'L, INC.**



Principal Place of Business  
**1650 W. OAKLAND BLVD.  
FT. LAUDERDALE, FL 33311**

Mailing Address  
**1650 W. OAKLAND BLVD.  
FT. LAUDERDALE, FL 33311**

**94061648**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**05-0565658**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILDGOOSE, LARRY  
1650 W. OAKLAND BLVD.  
FT. LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILDGOOSE, LARRY	
STREET ADDRESS	1650 W. OAKLAND BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDGOOSE, LAURI	
STREET ADDRESS	645 WIRICK ST.	
CITY-ST-ZIP	MONTICELLO, FL 33245	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDGOOSE, LAURENCE	
STREET ADDRESS	645 WIRICK ST.	
CITY-ST-ZIP	MONTICELLO, FL 33245	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSGOOSE, LINTON	
STREET ADDRESS	645 WIRICK STREET	
CITY-ST-ZIP	MONTICELLO, FL 33245	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE:**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*April 21, 04 904-709-6772*