

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2005 08:00 AM
Secretary of State**

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**



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
05-0565658

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 re-registering)

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**

**100000326172
04/23/05-80046-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE D
NAME WILDGOOSE, LARRY
STREET ADDRESS 1650 W. OAKLAND BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE D
NAME WILDGOOSE, LAURI
STREET ADDRESS 645 WIRICK ST.
CITY-ST-ZIP MONTICELLO, FL 33245

TITLE D
NAME WILDGOOSE, LAURENCE
STREET ADDRESS 645 WIRICK ST.
CITY-ST-ZIP MONTICELLO, FL 33245

TITLE D
NAME WILSGOOSE, LINTON
STREET ADDRESS 645 WIRICK STREET
CITY-ST-ZIP MONTICELLO, FL 33245

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**APR 15, 2005 754
23-0682**