

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT.

FILED

May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # P03000128706

1. Entity Name  
FLYING GOOSE CORP.



Principal Place of Business  
2360 SHADOWLAWN DRIVE  
NAPLES, FL 34112 US

Mailing Address  
2360 SHADOWLAWN DRIVE  
NAPLES, FL 34112 US



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1688114 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

BISSELL, JULIE  
2360 SHADOWLAWN DRIVE  
NAPLES, FL 34112

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 \_\_\_\_\_ (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

U000000351948  
05/03/05-80007-024 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BISSELL, JULIE  
STREET ADDRESS 2360 SHADOWLAWN DRIVE  
CITY-ST-ZIP NAPLES, FL 34112

TITLE V  
NAME BISSELL, BRAD  
STREET ADDRESS 2360 SHADOWLAWN DRIVE  
CITY-ST-ZIP NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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 #

Julie H Bissell Julie H. Bissell 4/25/05 239 775-888