


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90150 034 ***150.00

DOCUMENT # P05000026872 1. Entity Name GOOSEGRASS ENVIRONMENTAL INC					
Principal Place of Business 3018 PEMBROKE ROAD TITUSVILLE, FL 32796			Mailing Address 3018 PEMBROKE ROAD TITUSVILLE, FL 32796		
2. Principal Place of Business 4967 Hamlin Circle Suite, Apt. #, etc.		3. Mailing Address 4967 - Hamlin Cir Suite, Apt. #, etc.			
City & State Mims, FL		City & State Mims, FL		4. FEI Number 20-2376182	
Zip 32754		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENUTI, LOUIS 400 ORANGE STREET TITUSVILLE, FL 32796				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD GOSSEWIN, SUSAN E 3018 PEMBROKE ROAD TITUSVILLE, FL 32796 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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			4/2/06 321-224-4023 Date Daytime Phone #		

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