


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90091 027 ***150.00

DOCUMENT # P05000026872	
1. Entity Name GOOSEGRASS ENVIRONMENTAL INC	

Principal Place of Business 4967 HAMLIN CIRCLE MIMS, FL 32754	Mailing Address 4967 HAMLIN CIRCLE MIMS, FL 32754
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40100716



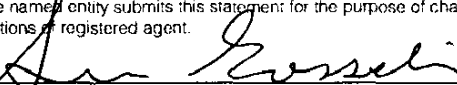
04282007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2376182	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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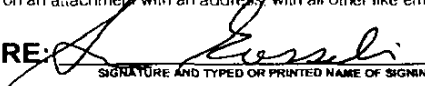
6. Name and Address of Current Registered Agent	
VENUTI, LOUIS 400 ORANGE STREET TITUSVILLE, FL 32796	

7. Name and Address of New Registered Agent	
Name Susan Gossele	
Street Address (P.O. Box Number is Not Acceptable) 4967 Hamlin Circle	
City Mims	FL Zip Code 32754

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 	Susan Gossele	4/28/07
<small>(NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD GOSSELE, 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: 	Susan Gossele 4/28/07 321-229-4021
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	