

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90405 039 ***150.00

40073000



01222008 Chg-P CR2E034 (11/05)

4. FEI Number **20-2837954** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOSE, PATRICIA H
2951 LAKEVIEW DRIVE
SEBRING, FL 33870

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> Delete
NAME	GOSE, PATRICIA H	
STREET ADDRESS	2951 LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOSE, CHRISTOPHER	
STREET ADDRESS	2951 LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOSE, KRISTIN	
STREET ADDRESS	2951 LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOSE, HELEN J	
STREET ADDRESS	2951 LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING, FL 33870	
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	
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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 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 807, 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 *Patricia H Gose* **PATRICIA H GOSE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-26-06 (863) 885-8546