

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147321

FILED  
May 03, 2010  
Secretary of State

Entity Name: GOOSE INK, INC.

**Current Principal Place of Business:**

4210 HARBOR HOUSE DRIVE  
TAMPA, FL 33615 US

**New Principal Place of Business:**

**Current Mailing Address:**

4210 HARBOR HOUSE DRIVE  
TAMPA, FL 33615 US

**New Mailing Address:**

FEI Number: 20-8020098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PEKAREK, LORI  
Address: 4210 HARBOR HOUSE DRIVE  
City-St-Zip: TAMPA, FL 33615 US

Title: TRES  
Name: PEKAREK, DAN  
Address: 4210 HARBOR HOUSE DRIVE  
City-St-Zip: TAMPA, FL 33615 US

Title: SECT  
Name: GRIMM, SUZY  
Address: 4210 HARBOR HOUSE DRIVE  
City-St-Zip: TAMPA, FL 33615 US

Title: DIR  
Name: PEKAREK, LORI  
Address: 4210 HARBOR HOUSE DRIVE  
City-St-Zip: TAMPA, FL 33615 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORI L PEKAREK

PRES

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date