2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

08-18-2008 90003 002 ***150.00

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08042008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000032238

1. Entity Name
ROBERT GOSS PORTER SERVICE INC

Principal Place of Business	Mailing Address
6200 4TH AVE SOUTH ST PETERSBURG, FL 33707 US	6200 4TH AVE SOUTH ST PETERSBURG, FL 33707 US

2. Principal Place of Business - No P O Box #	3. Mailing Address
6200 4th Ave South	Same - Small Business
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, Florida	City & State
Zip: 33707 Country: United States	Zip Country

4. FEI Number: 20-8629601 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOSS, ROBERT 6200 4TH AVE SOUTH ST PETERSBURG, FL 33707	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P GOSS, ROBERT 6200 4TH AVE SOUTH ST PETERSBURG, FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAUCH, DARYL 6200 4TH AVE SOUTH ST PETERSBURG, FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Robert Goss 8-26-08 - owner - 727-488-4195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

6160160240

#P07000032238

To whom this May Concern,

We are sending You $150.00.
We never received a note in January
about sending in this report. This is
the first paper we received.

Thank you,

Robert Gonsa

Thank You Again For your Help
with this From

Robert Gonsa