

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064898

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: MONGOOSE, INC.

## Current Principal Place of Business:

5538 S.W. HULL AVENUE  
ARCADIA, FL 34269 US

## New Principal Place of Business:

121 DOLLY STREET  
PUNTA GORDA, FL 33950 US

## Current Mailing Address:

121 DOLLY STREET  
PUNTA GORDA, FL 33950

## New Mailing Address:

FEI Number: 65-0444169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GASKINS, GREGORY  
121 DOLLY STREET  
PUNTA GORDA, FL 33950 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GASKINS, PATRICIA  
Address: 121 DOLLY STREET  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP ( ) Delete  
Name: GASKINS, GREGORY B  
Address: 121 DOLLY ST  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: HANCOCK, DANE  
Address: 516 BONTONA AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VP ( ) Delete  
Name: GASKINS, AMY V  
Address: 121 DOLLY ST.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: COLE, RICHARD  
Address: P.O. BOX 1867, HIGHWAY 761  
City-St-Zip: ARCADIA, FL 34265

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA GASKINS

P

04/28/2004

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

\_\_\_\_\_  
Date