


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90039 009 \*\*\*150.00

DOCUMENT # P95000059531	
1. Entity Name GOSCHE CONSULTING SERVICES, INC.	

Principal Place of Business 9333 NW 143RD ST ALACHUA, FL 32615 US	Mailing Address 9333 NW 143RD ST ALACHUA, FL 32615 US
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**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3328171	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GOSCHE, KAREN M 9333 NW 143RD ST ALACHUA, FL 32615
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSCHE, KAREN M 9333 NW 143RD ST ALACHUA, FL 32615
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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 title empowered.

SIGNATURE: *Karen M. Gosche* Date: 4-30-2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #