

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90104 012 ***150.00

DOCUMENT # P98000026684

1. Entity Name
WILD GOOSE LANDS, INC.



Principal Place of Business
**5300 S.R. 13 NORTH, LOT 16
ORANGEDALE, FL 32092**

Mailing Address
**5300 S.R. 13 NORTH, LOT 16
ORANGEDALE, FL 32092**

50049139



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3500662

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STUMP, JILL W
5300 S.R. 13 NORTH, LOT 16
ORANGEDALE, FL 32092**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STUMP, JON B
5300 S.R. 13 NORTH, LOT 16
ORANGEDALE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STUMP, JILL W
5300 S.R. 13 NORTH, LOT 16
ORANGEDALE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PACE, JIMMIE J
8597 FLORENCE COVE RD
ST AUGUSTINE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-05

904-284-3352