

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90036 048 ***158.75

DOCUMENT # P99000077463

1. Entity Name

GOSSAMER BAY, INC.



Principal Place of Business

1906 ARIANA BLVD
AUBURNDALE FL 33823

Mailing Address

1906 ARIANA BLVD
AUBURNDALE FL 33823



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3653944

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

O'HARPER, SHARON O
1906 ARIANA BLVD
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name

Sharon O. Harper

Street Address (P.O. Box Number is Not Acceptable)

1906 Ariana Blvd

City

Auburndale

FL

33823

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

Sharon O. Harper

4/10/08

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

(NOTE: Registered Agent signature required when installing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARPER, SHARON O
STREET ADDRESS 1906 ARANA BLVD
CITY-ST-ZIP AUBURNDALE FL 33823

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Sharon O. Harper Sharon O. Harper 4/10/08 863-965-2053