2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V26579

1. Entity Name
TERRY L. GOSS, INC.

Principal Place of Business	Mailing Address
521 STARSTONE DR. LAKE MARY, FL 32746	521 STARSTONE DR. LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3116026		Not Applicable

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

6. Name and Address of Current Registered Agent

GOSS, TERRY L.
521 STARSTONE DRIVE
LAKE MARY, FL 32746

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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	DP
NAME	GOSS, TERRY L.
STREET ADDRESS	521 STARSTONE DR.
CITY-ST-ZIP	LAKE MARY, FL
TITLE	ST
NAME	GOSS, SUZANN
STREET ADDRESS	521 STARSTONE DRIVE
CITY-ST-ZIP	LAKE MARY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/06/05-80007-015 150.00

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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: _Suzann Goss_   SUZANN GOSS   1-3-05   407-330-0812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #