

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041497

FILED  
May 03, 2007  
Secretary of State

Entity Name: GPM PLUS CORPORATION

**Current Principal Place of Business:**

P.O. BOX 57094  
JACKSONVILLE, FL 32241

**New Principal Place of Business:**

3900 OLD FIELD CROSSING DR  
1203  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

P.O. BOX 57094  
JACKSONVILLE, FL 32241

**New Mailing Address:**

FEI Number: 20-1071591      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: POLASTRI, RAFAEL B  
Address: P.O. BOX 57094  
City-St-Zip: JACKSONVILLE, FL 32241

Title: V ( ) Delete  
Name: BIDOIA, PATRICIA A  
Address: P.O. BOX 57094  
City-St-Zip: JACKSONVILLE, FL 32241

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: RAFAEL POLASTRI

P

05/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date