

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000042404**

1. Entity Name  
GCAPS GROUP, INC.



Principal Place of Business  
813 7TH AVE. W.  
BRADENTON, FL 34205 US

Mailing Address  
813 7TH AVE. W.  
BRADENTON, FL 34205 US



04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4552632

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ARDIS, LISA A  
6307 LAFAYETTE RD  
BRADENTON, FL 34207

**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

*Lisa Ardis*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P, D
NAME	FRITZ, BRYAN L
STREET ADDRESS	1305 84TH ST. NW
CITY- ST- ZIP	BRADENTON, FL 34209
TITLE	P, D
NAME	ARDIS, DAVID L
STREET ADDRESS	6307 LAFAYETTE RD.
CITY- ST- ZIP	BRADENTON, FL 34207
TITLE	S, D
NAME	FRITZ, CHRISTINE R
STREET ADDRESS	1305 84TH ST. NW
CITY- ST- ZIP	BRADENTON, FL 34209
TITLE	T, D
NAME	ARDIS, LISA A
STREET ADDRESS	6307 LAFAYETTE RD.
CITY- ST- ZIP	BRADENTON, FL 34207
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000385203  
04/18/08-80004-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

*Lisa Ardis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08

Date

941-748-2664

Daytime Phone #