


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90036 028 ***150.00

DOCUMENT # F01000003410	
1. Entity Name GLOBAL NAPS FLORIDA, INC.	

Principal Place of Business 10 MERRYMOUNT ROAD QUINCY, MA 02169	Mailing Address 10 MERRYMOUNT ROAD QUINCY, MA 02169
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DO NOT WRITE IN THIS SPACE

60006497



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3566602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELTEMA, JAMES RJ
4475 WOODBINE RD STE 7
MILTON, FL 32571

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD GANGI, FRANK T 10 MERRYMOUNT ROAD QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GANGI, RICHARD 10 MERRYMOUNT ROAD QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COUTURE, MICHAEL 10 MERRYMOUNT ROAD QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTURE, MICHAEL 10 MERRYMOUNT ROAD QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ (Signature and Typed or Printed Name of Signing Officer or Director) Date _____ Daytime Phone # _____