

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90003 003 ***150.00

DOCUMENT # F07000002160

1. Entity Name
GIPEAN INC.



Principal Place of Business
**1 SOMERSET LANE
NISSEQUOGUE, NY 11780**

Mailing Address
**P.O. BOX 245
ST JAMES, NY 11780**

40113848



08082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0823879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Post Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ANGELOPOULOS, PETER
PO BOX 245
ST. JAMES, NY 11780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
GRECO-ANGELOPOULOS, GINA L.
P.O. BOX 245
ST JAMES, NY 11780**

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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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 #

Peter Angelopoulos 8/10/08 516 9676261

ATTACHMENT

GEORGE F. SEIFERT, ACCOUNTANT

40113848

35 Juniper Avenue
Ronkonkoma, New York 11779
Phone (631) 585-7607
Fax (631) 585-0138

Re: Gipean Inc.
Document # F07000002160

August 8, 2008

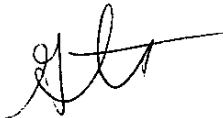
Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314

Gentlemen:

We are enclosing a check for the Annual Report fee of \$150.00. I also hereby request an abatement of the penalty of \$400.00 due to my ignorance that an annual filing fee was required. The postcard requesting that the report was late came a short time ago and as soon as I was made aware of the omission I went online and filed the report. Taxpayer thought that with the initial filing to do business in Florida and the annual fee that is paid to the registered agent, that would be all the expense that was required.

Based upon the above circumstances, please cancel the penalty. Thank you for your time and consideration regarding this matter.

Sincerely yours,



George F. Seifert
Accountant