


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # G11049  
1. Entity Name  
PORTUGESE GAP, INC.



Principal Place of Business  
125 28TH ST NORTH  
ST PETERSBURG, FL 33713

Mailing Address  
125 28TH ST NORTH  
ST PETERSBURG, FL 33713



04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2236979	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

HOLLAND, W LANGSTON  
125 28TH ST N  
SAINT PETERSBURG, FL 33713

**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, 2006 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	V HOLLAND, W. LANGSTON 125 28TH ST NORTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLAND, W. LANGSTON 125 28TH ST NORTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WRAY, ROBERT D. 125 28TH ST N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GILES, CHERI A 125 28TH STREET, N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000007509967  
04/28/06-80003-004 150.00

**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: Cheri A. Giles CHERI A. GILES 4-12-06 727-827-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #