

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11049

Entity Name: PORTUGESE GAP, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

910 PARK PLACE DRIVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

910 PARK PLACE DRIVE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 59-2236979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYE LAW FIRM
527 E. PARK AVE.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: HOLLAND, W. LANGSTON
Address: 125 28TH ST NORTH
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: HOLLAND, W. LANGSTON
Address: 125 28TH ST NORTH
City-St-Zip: ST PETERSBURG, FL

Title: P () Delete
Name: WRAY, ROBERT D.
Address: 910 PARK PLACE DR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: ST () Delete
Name: GILES, CHERI A
Address: 125 28TH STREET, N.
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ESTATE OF ROBERT D. WRAY
Address: 527 E. PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

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: DAVID W. MOYE, AS PR OF THE WRAY EST.

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date