

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90073 047 ***150.00

DOCUMENT # H92982

1. Entity Name
GAP MANAGEMENT, INC.



Principal Place of Business
**1100 LINTON BLVD
STE C-9
BOYNTON BEACH, FL 33426**

Mailing Address
**1000 MARKET STREET
BLDG 1 SUITE 300
PORTSMOUTH, NH 03801 US**

2. Principal Place of Business
1001 E. Atlantic Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

City & State

Delray Beach, FL

Zip

Country

Zip

Country

33483

01232006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2669763

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRITCHFIELD, RICHARD
1100 LINTON BLVD
STE C-4
DELRAY BEACH, FL 33444**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1001 E Atlantic Ave, Suite 202

City

Delray Beach

FL

Zip Code

33483

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 \$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
**VSD
GREENE, SHEILA
1000 MARKET ST, SUITE 300
PORTSMOUTH, NH 03801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AKRIDGE, DAVID
1000 MARKET ST, SUITE 300
PORTSMOUTH, NH 03801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WALSH, MICHAEL
1001 E ATLANTIC AVE
DELRAY BEACH, FL 33483** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

(603) 559-2100