

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003563

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: GP&P INC.

## Current Principal Place of Business:

5380 RIVERSIDE DRIVE  
PORT ORANGE, FL 32127

## New Principal Place of Business:

## Current Mailing Address:

5380 RIVERSIDE DRIVE  
PORT ORANGE, FL 32127

## New Mailing Address:

478 WESTERN ROAD  
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3724730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOSTWICK, JOHN  
5380 RIVERSIDE DRIVE  
PORT ORANGE, FL 32127 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BOSTWICK, JOHN  
Address: 5380 RIVERSIDE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: BOSTWICK, SUSAN  
Address: 5380 RIVERSIDE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: REAVES, KRISTY  
Address: 5405 ISABELLE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: GRAVES, ROCKY R  
Address: 5750 LAKE SHORE GROVE PLACE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: MITCHELL, HERMAN E  
Address: 1910 SUGRARTREE CIRCLE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BOSTWICK

D

04/06/2005

Electronic Signature of Signing Officer or Director

Date