


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90021 037 ***150.00

DOCUMENT # P01000041720 1. Entity Name GAPASOM, CORP.					
Principal Place of Business 17284 SAN CARLOS BLVD #101 FT MYERS, FL 33931			Mailing Address 17284 SAN CARLOS BLVD #101 FT MYERS, FL 33931		
2. Principal Place of Business 17284 San Carlos Blvd		3. Mailing Address 15602 Copra Ln			
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc.			
City & State Fort Myers Beach		City & State Fort Myers		4. FEI Number 65-1097753	
Zip FL 33931		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip FL 33931		Country Lee		6. Name and Address of Current Registered Agent	
GOLDEN B, INC. 18570 DEEP PASSAGE LANE FT MYERS, FL 33931		7. Name and Address of New Registered Agent Name Gabriele Sommer Street Address (P.O. Box Number is Not Acceptable) 15602 Copra Ln City Fort Myers FL Zip Code 33908			
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 <u>Gabriele Sommer</u> PRESIDENT, Gabriele Sommer 04-13-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 <small>Trust Fund Contribution.</small>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOMMER, GABRIELE 15602 COPRA LANE FT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOMMER, PAUL 15602 COPRA LANE FT MYERS, FL 33908	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Gabriele Sommer, Gabriele Sommer</u> 04-13-04 239-466-1171 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					