


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000113507 1. Entity Name GAPCAM, INC.	
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Principal Place of Business 17525 SUNSET TERRACE WINTER GARDEN, FL 34711	Mailing Address P.O. BOX 135065 CLERMONT, FL 34713-5065
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01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3753950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FIORINO, GIULIO 17525 SUNSET TERRACE WINTER GARDEN, FL 34787
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**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 _____
Signature is prior or printed name of registered agent and true if applicable. NOTE: Registered Agent's signature required when re-appointing. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000039590 03/31/04-80012-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PS FIORINO, GIULIO 17525 SUNSET TERRACE WINTER GARDEN, FL 347135065
TITLE NAME STREET ADDRESS CITY ST ZIP	T FIORINO-RAGNI, MICHELLE 10853 VISTA DEL SOL CIRCLE CLERMONT, FL 34711
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 I am empowered.

SIGNATURE:  **11/10/04** **404-484-5832**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #