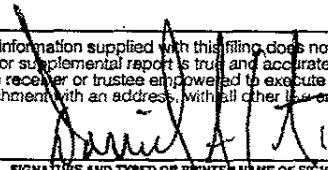


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000013711		
1. Entity Name GNP COURTYARDS, INC.		
Principal Place of Business 4218 COVEY CIR NAPLES, FL 34109	Mailing Address P.O. BOX 27225 SAN DIEGO, CA	
DO NOT WRITE IN THIS SPACE		
		
		01312004 No Chg-P CR2E034 (10/03)
		4. FEI Number 02-0546534
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CRAWLAW LLC 4218 COVEY CIR NAPLES, FL 34109		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees U000000115386 04/16/04-80022-008 150.00		
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	COTA, DANIEL A	
STREET ADDRESS	17898 CRECIENTE WAY	
CITY-ST-ZIP	SAN DIEGO, CA 92198	
TITLE	D	
NAME	HELMER, DONALD J	
STREET ADDRESS	1533 WYATT PLACE	
CITY-ST-ZIP	EL CAJON, CA 92020	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 law empowered.		
SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: 4/12/04 Daytime Phone # _____		