2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000022031

1. Entity Name
GEAP CORPORATION

Principal Place of Business	Mailing Address
440 HOLLY HILL RD OLDSMAR, FL 34677	440 HOLLY HILL RD OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE
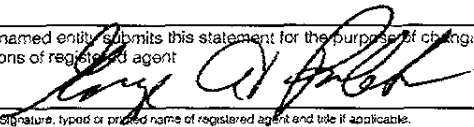
01082004   No Chg-P   CR2E034 (10/03)

4. FEI Number 01-0601641	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

PAVLAKOS, GEORGE
440 HOLLY HILL RD
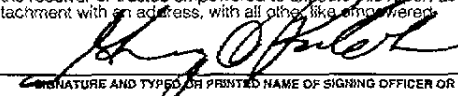OLDSMAR, FL 34677

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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 _____   DATE 03/04/04

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

10.	OFFICERS AND DIRECTORS	
TITLE	DP	
NAME	PAVLAKOS, GEORGE	
STREET ADDRESS	440 HOLLY HILL RD	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	DV	
NAME	PAVLAKOS, ELENI	
STREET ADDRESS	440 HOLLY HILL RD	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/22/04-80021-021 150.00

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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: _____   03/04/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #