


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90017 047 ***150.00

DOCUMENT # P02000030143 1. Entity Name G & P HOMES INC.	
--	---

Principal Place of Business 911 N. MAIN ST., SUITE 9A KISSIMMEE, FL 34744	Mailing Address 911 N. MAIN ST., SUITE 9A KISSIMMEE, FL 34744
---	---



07112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3626555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IBERTIS, GIOVANNI 911 N. MAIN ST., SUITE 9A KISSIMMEE, FL 34744
--

**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) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBERTIS, GIOVANNI 911 N. MAIN ST., SUITE 9A KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBERTIS, PABLO 911 N. MAIN ST., SUITE 9A KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-12-05 407 9444907

ATTACHMENT

Kissimmee 07-12-2005

TO

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

50056854
P02000030143

Dear sir the purpose of this letter is to request that you accept the payment for the annual reinstatement fee , unfortunately we never received the notification for renewal on time and our payment is late I hope you can accept his check and maintain my corporation in active status

Sincerely

Giovanni Ibertis

