

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90094 035 ***150.00

DOCUMENT # P03000054199

1. Entity Name

GPN INTERNATIONAL, INC.



Principal Place of Business

400 UNO LAGO DR., #202
NORTH PALM BEACH FL 33408

Mailing Address

400 UNO LAGO DR., #202
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1098 SANCTUARY COVE DR.

Suite, Apt. #, etc.

1098 SANCTUARY COVE DR.

City & State

NORTH PALM BEACH, FL

City & State

NORTH PALM BEACH, FL

Zip

33410

Country

Zip

33410

Country



MOORE

CR2E034 (11/03)

4. FEI Number

54-211227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NYE, GERALD P JR.
400 UNO LAGO DR., #202
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1098 SANCTUARY COVE DR.

City

NORTH PALM BEACH

FL

Zip Code

33410

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NYE, GERALD P JR.
STREET ADDRESS 400 UNO LAGO DR., #202
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04 561-624-0216

Date

Daytime Phone #