

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030964

Entity Name: GPF MARKETING, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

801 STATE ROAD 436 SUITE 2149
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

801 W. STATE ROAD 436 SUITE 2021
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

801 STATE ROAD 436 SUITE 2149
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

801 W. STATE ROAD 436 SUITE 2021
ALTAMONTE SPRINGS, FL 32714

FEI Number: 34-1979612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADDLER, HOWARD A
801 STATE ROAD 436 SUITE 2149
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SADDLER, HOWARD A
801 W. STATE ROAD 436 SUITE 2021
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE:

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SADDLER, HOWARD A
Address: 801 STATE ROAD 436 SUITE 2149
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SADDLER, HOWARD A P/T
Address: 801 W. STATE ROAD 436 SUITE 2021
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CEO () Change (X) Addition
Name: CHAMBERS, EGBERT R VP/S
Address: 801 W. STATE ROAD 436, SUITE 2021
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Change (X) Addition
Name: HODGE, MELVIN E VP
Address: 801 W. STATE ROAD 436, SUITE 2021
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EGBERT R. CHAMBERS

VP/S

04/20/2005

Electronic Signature of Signing Officer or Director

Date