

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041497

FILED
Jul 17, 2006
Secretary of State

Entity Name: GPM PLUS CORPORATION

Current Principal Place of Business:

4083 SUNBEAM RD
1510
JACKSONVILLE, FL 32257

New Principal Place of Business:

P.O. BOX 57094
JACKSONVILLE, FL 32241

Current Mailing Address:

4083 SUNBEAM RD
1510
JACKSONVILLE, FL 32257

New Mailing Address:

P.O. BOX 57094
JACKSONVILLE, FL 32241

FEI Number: 20-1071591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLASTRI, RAFAEL B
Address: 4083 SUNBEAM RD, # 1510
City-St-Zip: JACKSONVILLE, FL 32257

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POLASTRI, RAFAEL B
Address: P.O. BOX 57094
City-St-Zip: JACKSONVILLE, FL 32241

Title: V () Change (X) Addition
Name: BIDOIA, PATRICIA A
Address: P.O. BOX 57094
City-St-Zip: JACKSONVILLE, FL 32241

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RAFAEL B POLASTRI

P

07/17/2006

Electronic Signature of Signing Officer or Director

Date