

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90407 035 \*\*\*150.00

<b>DOCUMENT # P05000056701</b>					
<b>1. Entity Name</b> GAPINSURANCEPLUS, INC.					
<b>Principal Place of Business</b> 23A WEBB STREET OSPREY, FL 34229			<b>Mailing Address</b> 23A WEBB STREET OSPREY, FL 34229		
<b>2. Principal Place of Business</b> <i>4213 Bee Ridge Rd</i>			<b>3. Mailing Address</b> <i>4213 Bee Ridge Rd</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> SARASOTA, FL		<b>City &amp; State</b> SARASOTA, FL		<b>4. FEI Number</b> 20-2716458	
<b>Zip</b> 34233		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PARKER, THEODORE ESQ 2033 MAIN STREET SUITE 100 SARASOTA, FL 34237				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div style="width: 40%;"> <b>9. Election Campaign Financing</b>                  Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> <div style="width: 30%;"></div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> FEHILY, MICHAEL P <b>STREET ADDRESS</b> 23A WEBB STREET <b>CITY - ST - ZIP</b> OSPREY, FL 34229	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Michael Fehily</i>			<i>4-20-07 941-302-0153</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		