

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063370

Entity Name: GAPLYN SERVICES INC.

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

2480 PRESIDENTIAL WAY #601
WEST PALM BEACH, FL 334011352

New Principal Place of Business:

Current Mailing Address:

23 DODIE STREET
AURORA, ONTARIO, CANADA, ON L4G 2L1

New Mailing Address:

23 DODIE STREET
AURORA, ONTARIO, CANADA, ON L4G 2L1 CA

FEI Number: 26-0333325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, JAMES L
8191 COLLEGE PARKWAY
#204
FORT MYERS, FL 33919 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FARQUHAR, RUSSELL
Address: 23 DODIE STREET
City-St-Zip: AURORA, ONTARIO, CANADA, ON L4G 2L1

Title: DST () Delete
Name: FARQUHAR, CAROL E
Address: 23 DODIE STREET
City-St-Zip: AURORA, ONTARIO, CANADA, ON L4G 2L1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LISA TOPPS, ACCOUNTANT

MS

05/04/2009

Electronic Signature of Signing Officer or Director

Date