

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000088847

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** GAP ARCHITECTURAL PRODUCTS, INC.

**Current Principal Place of Business:**

1807 EAST WINTER PARK RD  
SUITE A  
ORLANDO, FL 32803

**New Principal Place of Business:**

3127 CORRINE DR  
ORLANDO, FL 32803

**Current Mailing Address:**

2810 EASTERN PKY.  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 59-3291117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNS, JOSEPHINE E  
2810 EASTERN PKY  
WINTER PARK, FL 32789 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

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: BURNS, JOSEPHINE E  
Address: 2810 EASTERN PARKWAY  
City-St-Zip: WINTER PARK, FL 32789

Title: V  
Name: FATUTTA, SUSAN M  
Address: 2255 HOWARD DR  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: JOSEPHINE E BURNS

PRES

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date