

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018317

Entity Name: GAPROP, INC.

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

2306 CANASTA DR
BRADENTON BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0737812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236 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: PERRYMAN, IAN K
Address: P. O. BOX 349
City-St-Zip: BRADENTON BEACH, FL 34217

Title: ST () Delete
Name: PERRYMAN, JENNIFER
Address: P.O. BOX 349
City-St-Zip: BRADENTON BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVST (X) Change () Addition
Name: PERRYMAN, JENNIFER
Address: P.O. BOX 349
City-St-Zip: BRADENTON BEACH, FL 34217

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: JENNIFER PERRYMAN

V

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date