


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90138 010 ***150.00

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|---|---|
| DOCUMENT # P97000108948 1. Entity Name GAP ENTERPRISES, INC. |  |
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| Principal Place of Business 6 CONCOURSE DRIVE TEQUESTA, FL 34990 | Mailing Address 6 CONCOURSE DRIVE TEQUESTA, FL 34990 |
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50008926



01262005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0822540 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MANTWILL, PAULINE 6 CONCOURSE DRIVE TEQUESTA, FL 34990 |
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| 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. |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MANTWILL, DAVID 6 CONCOURSE DRIVE TEQUESTA, FL 34990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MANTWILL, PAULINE 6 CONCOURSE DRIVE TEQUESTA, FL 34990 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | | |
| SIGNATURE: <u>Pauline Mantwill VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>2/1/05</u> | Daytime Phone # <u>561-746-0170</u> |