


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90051 049 \*\*\*150.00

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DOCUMENT # P98000094329					
1. Entity Name <b>THE GP PROPERTY MANAGEMENT CORPORATION</b>					
Principal Place of Business			Mailing Address		
2. Principal Place of Business <b>409 S. OLD DIXIE HWY</b> <small>Suite, Apt. #, etc.</small>			3. Mailing Address <b>P.O. BOX 8571</b> <small>Suite, Apt. #, etc.</small>		
City & State <b>LADY LAKE, FL.</b> <small>Zip</small> <b>32159</b> <small>Country</small>		City & State <b>CLEARWATER, FL.</b> <small>Zip</small> <b>33758</b> <small>Country</small>		4. FEI Number <b>59-3550544</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent					
<b>SCHAUB, D.</b> <b>409 S. OLD DIXIE HWY</b>  <b>LADY LAKE, FL. 32159</b>					
7. Name and Address of New Registered Agent					
<b>ROBARTS, D.</b> <b>409 S. OLD DIXIE HWY</b>  <b>LADY LAKE FL 32159</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.					
SIGNATURE <u>D. Roberts</u> <span style="float: right;">4/1/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;"> 9. Election Campaign Financing <b>\$5.00</b> May Be  Trust Fund Contribution. <input type="checkbox"/> Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHAUB, D.</b> <b>409 S. OLD DIXIE HWY</b> <b>LADY LAKE, FL. 32159</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>ROBARTS, D.</b> <b>409 S. OLD DIXIE HWY</b> <b>LADY LAKE, FL. 32159</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>D. Roberts</u> <span style="float: right;">4/1/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					