
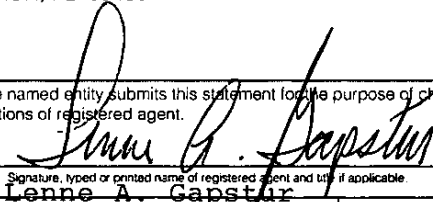
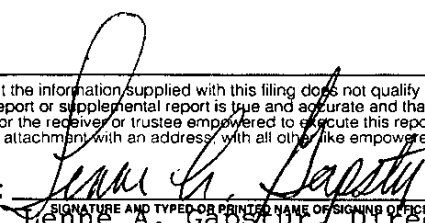


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90001 005 ***150.00

DOCUMENT # P99000031762 1. Entity Name LENNE A. GAPSTUR, P.A.																													
Principal Place of Business C/O LENNE A GAPSTUR ESQ 231 BRADLEY PLACE STE 203 PALM BEACH, FL 33480			Mailing Address C/O LENNE A GAPSTUR ESQ 231 BRADLEY PLACE STE 203 PALM BEACH, FL 33480																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 65-0908754			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent GAPSTUR, LENNE A 340 ROYAL PALM WAY, SUITE 100 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 231 Bradley Place, Suite 203 City State Zip Code Palm Beach FL 33480																									
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:  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																													
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																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GAPSTUR, LENNE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>340 ROYAL PALM WAY, SUITE 100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> </table>			TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	GAPSTUR, LENNE A		STREET ADDRESS	340 ROYAL PALM WAY, SUITE 100		CITY-ST-ZIP	PALM BEACH, FL 33480		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gapstur, Lenne A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>231 Bradley Place, Suite 203</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palm Beach, FL 33480</td> <td></td> </tr> </table>			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gapstur, Lenne A.		STREET ADDRESS	231 Bradley Place, Suite 203		CITY-ST-ZIP	Palm Beach, FL 33480	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													

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