


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90017 004 \*\*\*150.00

<b>DOCUMENT # P99000039161</b>	
1. Entity Name <b>GOPAR INC.</b>	

Principal Place of Business <b>772 NORTHLAKE BLVD NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>772 NORTHLAKE BLVD NORTH PALM BEACH, FL 33408</b>
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**40007943**



2. Principal Place of Business <b>766 NORTHLAKE BLVD</b>	3. Mailing Address <b>766 NORTHLAKE BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State <b>NORTH PALM BEACH FL</b>	City & State <b>NORTH PALM BEACH, FL</b>
Zip <b>33408</b>	Zip <b>33408</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>65-0914474</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GEOGHEGAN, SCOTT 326 SOUTHWIND CT #102 NORTH PALM BEACH, FL 33408</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GEOGHEGAN, SCOTT</b>		NAME	
STREET ADDRESS <b>772 NORTHLAKE BLVD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PALM BEACH, FL 33408</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PARKER, ROBERT E</b>		NAME	
STREET ADDRESS <b>636 US HWY ONE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PALM BEACH, FL 33408</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**

 **ROBERT PARKER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/05** **561846115**  
Date Daytime Phone #