

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # S38398

1. Entity Name
GEM LOUPE, INC.



Principal Place of Business
**3525 BONITA BEACH RD
108
BONITA SPRINGS, FL 34134 US**

Mailing Address
**3525 BONITA BEACH RD
108
BONITA SPRINGS, FL 34134**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0257727	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

**MATHEWS, BRAD F.
259 CYPRESS WAY W
NAPLES, FL 34110**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MATHEWS, BRAD F. 3525 BONITA BEACH RD STE 108 BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MATHEWS, PATRICIA 3525 BONITA BEACH RD STE 108 BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATHEWS, DEANNE L 3525 BONITA BEACH RD STE 108 BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

BRAD F. MATHEWS

Date

3/12/07

Daytime Phone #

239-947-0088

U00000666829
03/26/07-80004-005 150.00

**DO NOT WRITE
IN THIS SPACE**