

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # S38398	
1. Entity Name: GEM LOUPE, INC.	
	
Principal Place of Business	Mailing Address
3525 BONITA BEACH RD # 108 BONITA SPRINGS, FL 34134 US	3525 BONITA BEACH RD # 108 BONITA SPRINGS, FL 34134



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0257727	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/11/08-80033-002 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

03/11/08-80033-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MATHEWS, BRAD F.
STREET ADDRESS	3525 BONITA BEACH RD STE 108
CITY- ST- ZIP	BONITA SPRINGS, FL 34134
TITLE	SVP
NAME	MATHEWS, PATRICIA
STREET ADDRESS	3525 BONITA BEACH RD STE 108
CITY- ST- ZIP	BONITA SPRINGS, FL 34134
TITLE	S
NAME	MATHEWS, DEANNE L
STREET ADDRESS	3525 BONITA BEACH RD STE 108
CITY- ST- ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #