

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000002437 1. Entity Name KRIKPE ENTERPRISES, INC.	
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Principal Place of Business 8177 W. GLADES ROAD STE. 109 BOCA RATON, FL 33434	Mailing Address 8177 W. GLADES ROAD STE. 109 BOCA RATON, FL 33434
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01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1725672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FINKELSTEIN, MARVIN  
 8177 W GLADES ROAD STE. 109  
 BOCA RATON, FL 33434

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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, 2004 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	PT KRIKPE, LARRY 2351 HILL AVENUE TOLEDO, OH 43607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRIKPE, MATTHEW 2351 HILL AVENUE TOLEDO, OH 43607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRIKPE, JOAN 2351 HILL AVENUE TOLEDO, OH 43607
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U00000036279  
02/06/04-80051-019 150.00

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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)(f), 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: Matthew Kripke 1/27/04 419-539-9133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #