

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002437

1. Entity Name
KRIPKE ENTERPRISES, INC.



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**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

**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 re-instating) 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

TITLE	PT
NAME	KRIPKE, LARRY
STREET ADDRESS	2351 HILL AVENUE
CITY-ST-ZIP	TOLEDO, OH 43607

TITLE	VP
NAME	KRIPKE, MATTHEW
STREET ADDRESS	2351 HILL AVENUE
CITY-ST-ZIP	TOLEDO, OH 43607

TITLE	S
NAME	KRIPKE, JOAN
STREET ADDRESS	2351 HILL AVENUE
CITY-ST-ZIP	TOLEDO, OH 43607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000217239
02/07/05-80019-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Matthew B Kripke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05
Date

419-539-9133
Daytime Phone #