

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # G13335

1. Entity Name
SIPES, INC.



Principal Place of Business

% ROBERT L. SIPES
12538 PALM BCH. BLVD.
FT. MYERS, FL 33905

Mailing Address

% ROBERT L. SIPES
12538 PALM BCH. BLVD.
FT. MYERS, FL 33905



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2239490

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIPES, ROBERT L
12538 PALM BCH. BLVD.
FT. MYERS, FL 33905

**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 _____

**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
PTSD
SIPES, ROBERT L
12538 PALM BCH BLVD
FT MYERS, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SIPES, ROBERT B
12538 STATE ROAD 80
FT MYERS, FL 33905

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
SIPES, SONYA D
12538 STATE RD 80
FORT MYERS, FL 33905

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000721373
05/01/07-80143-016 150.00

**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

4/19/07
Date

(239) 694 3200
Daytime Phone #