2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 08:00 AM Secretary of State DOCUMENT # G77410 1. Entity Name TEPPER & ASSOCIATES, INC. Principal Place of Business Mailing Address 5330 CENTRAL AVE ST PETERSBURG FL 33707 5330 CENTRAL AVE ST PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State Applied For 4. FEI Number City & State 59-2351998 Not Applicable Zip Country Zίο Country **\$8.75** Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TEPPER, RANDALL S. Street Address (P.O. Box Number is Not Acceptable) 5330 CENTRAL AVENUE SAINT PETERSBURG FL 33707 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change Addition PD ☐ Delete 11711 HILL TEPPER, RANDALL S. NAME MAME STREET ADDRESS STREET ADDRESS 5330 CENTRAL AVE CHY-ST-ZIP CUTY SI- AF SAINT PETERSBURG FL 33707 ☐ Change Addition ☐ Delete THILE Itil E U0000020944**9** NAME NAME 02/02/05-80041-003 150.00 STREET ADDRESS STREET ADDRESS CH 1-51-71P CHY-SI-AP Change Addition ☐ Delete TITLE 11761 NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-ZIP ☐ Delete TITLE ☐ Change Addition Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS City-SI-7IP CITY-ST-DP ☐ Delete ☐ Change ☐ Addition THE NAME NAME STREET AUDRESS STREET ADORESS CITY-ST-ZIP COTY-ST-7/P ☐ Addition atts ☐ Change ☐ Delete MILE NAME MAME STREET ADDRESS STHELL ADDRESS CrTY-S1-7IP CITY-ST-AP

12. I hereby certify that the information supplied with this filling 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

anged, or on an attachment with an address, with all other like empowered

FILED

1(28/05 (305)935-9395