## . 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # H22593** 1. Entity Name POOLS BY RIPLEY, INC.



**FILED** Feb 01, 2006 08:00 AN **Secretary of State** 

Principal Place of Business

Mailing Address

1703 NE 8TH AVE OCALA, FL 34470 1703 NE 8TH AVE OCALA, FL 34470

US



01302006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2461535

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RIPLEY, GORDON C. JR. 1703 NE 8TH AVE OCALA EL 24470

## DO NOT WRITE

oonen, i	L 54770		IN THIS SPACE
	named entity submits this statement for the prices of registered agent.  Signature, typed or printed name of registered agent and title if	CONNIE RIPLEY SECLATARAS	agent, or both, in the State of Florida. I am familiar with, and accept 130/3006  n reinstating)  DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT STD RIPLEY, CONNIE J 4090 SE 25TH TERRACE OCALA, FL' 34480	TORS	U00000414550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIPLEY, GORDON C JR 4090 SE 25TH TERRACE OCALA, FL: 34480		02/11/05-80042-004 150.00

## DO NOT WRITE IN THIS SPACE

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 eath; 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.

| 130/2006|

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NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP