

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # H91997

1. Entity Name
ROPIX INTERNATIONAL CORPORATION



Principal Place of Business

**614 E HWY 50
#113
CLERMONT, FL 34711**

Mailing Address

**614 E HWY 50
#113
CLERMONT, FL 34711**



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2623290

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PICKERING, JAMES B III
13126 PLUM LAKE DR
MINNEOLA, FL 34715**

**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

James B. Pickering III

JAMES B. PICKERING III

04/10/07

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	DV
NAME	ROPER, WILLIAM C
STREET ADDRESS	6392 BERGSTROM RD
CITY-ST-ZIP	SAGINAW, MN 55779
TITLE	DPC
NAME	PICKERING, JAMES B III
STREET ADDRESS	13126 PLUM LAKE DR
CITY-ST-ZIP	MINNEOLA, FL 34715
TITLE	DTS
NAME	LEE, DIANE E
STREET ADDRESS	101 PEPPERTREE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	DV
NAME	HARRY H RAINEY JR
STREET ADDRESS	614 E HWY 50, #113
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	DV
NAME	SCHMUCH, JAMES V
STREET ADDRESS	3701 DALEFORD RD.
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000702327
04/20/07-80093-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

James B. Pickering III

JAMES B. PICKERING III

04/10/07

352-394-2182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #