

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J87088

FILED  
Jun 19, 2008  
Secretary of State

**Entity Name:** PURPLE PORPOISE ENTERPRISES, INCORPORATED

**Current Principal Place of Business:**

198 SE 13TH AVE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

198 SE 13TH AVE  
C/O ANDREW SHAARA  
GAINESVILLE, FL 32601

**New Mailing Address:**

198 SE 13TH AVE  
GAINESVILLE, FL 32601

**FEI Number:** 59-2953085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAARA, ANDREW M  
198 SE 13TH ST  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHAARA, ANDREW M  
Address: 198 SE 13TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: ST ( ) Delete  
Name: SHAARA, ELLEN  
Address: 49 SW 80TH ST  
City-St-Zip: OCALA, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW M. SHAARA

PD

06/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date