


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90213 036 \*\*\*150.00

<b>DOCUMENT # M92380</b>			
1. Entity Name <b>POPPY'S ENTERPRISES, INC.</b>			
Principal Place of Business <b>801 S E 6TH AVENUE SUITE 205 DELRAY BEACH FL 33483 US</b>		Mailing Address <b>801 S E 6TH AVENUE SUITE 205 DELRAY BEACH FL 33483 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  <b>LUMPKIN, JESSE D. 450 NE 20TH STREET, #113 BOCA RATON FL 33431</b>		7. Name and Address of New Registered Agent Name <b>JESSE D. LUMPKIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7154 N. UNIVERSITY DR #101</b> City <b>TAMARAC</b> FL Zip Code <b>33321</b>	
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 <b>JESSE D. LUMPKIN</b>  DATE <b>4/24/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUMPKIN, JESSE D. 450 NE 20TH ST #113 BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. LUMPKIN JESSE D. 7154 N. UNIVERSITY DR #101 TAMARAC, FL. 33321</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **JESSE D. LUMPKIN**  DATE **4/24/06** (561) 274-4996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR