

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90098 040 ****61.25

DOCUMENT # N98000005063 1. Entity Name PPGPB, INC.			
Principal Place of Business 2140 NW 10TH DELRAY BEACH, FL 33445		Mailing Address PO BOX 16762 W. PALM BEACH, FL 33416	
2. Principal Place of Business 1325 Arabian Dr.		3. Mailing Address Suite, Apt. #, etc.	
City & State Loxahatchee, FL		City & State Loxahatchee, FL	
Zip 33470		Country USA	
4. FEI Number 65-0552780		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required: -	
6. Name and Address of Current Registered Agent JETT, JAMES 2149 NW 19TH STREET DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name: Scott Morello Street Address (P.O. Box Number is Not Acceptable): 1325 Arabian Dr. City: Loxahatchee FL Zip Code: 33470	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JETT, JAMES 2140 NW 10TH STREET DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Morello 1325 Arabian Dr. Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELLO, SHIELA 1325 ARABIAN DR. LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, KATHRYN 4047 OKEECHOBEE BLVD, BLD. 118 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, LINO 842 BRIARWOOD DR. WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing 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 617, 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:		Date: 3-2-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50022761



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