
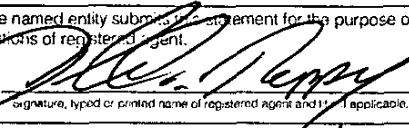
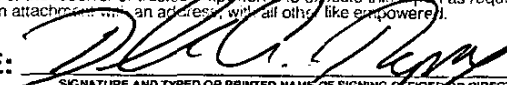


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90005 034 ***150.00

DOCUMENT # P00000095011 1. Entity Name REPPY ENTERPRISES, INC.																																																																																																																																																					
Principal Place of Business 2737 GABLES DRIVE EUSTIS, FL 32726			Mailing Address 2737 GABLES DRIVE EUSTIS, FL 32726																																																																																																																																																		
2. Principal Place of Business		3. Mailing Address 205 EASTRIDGE DR.																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State EUSTIS, FLORIDA		4. FEI Number 59-3675815																																																																																																																																																	
Zip		Zip 32726		Country																																																																																																																																																	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent REPPY, DALE A 2737 GABLES DRIVE EUSTIS, FL 32726			7. Name and Address of New Registered Agent Name DALE A. REPPY Street Address (P.O. Box Number is Not Acceptable) 205 EASTRIDGE DR. City EUSTIS FL 32726																																																																																																																																																		
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 			DATE 1/11/05																																																																																																																																																		
(NOTE: Registered Agent signature required when reinstating)			DATE																																																																																																																																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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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 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 empowerments.																																																																																																																																																					
SIGNATURE: 			DATE 1/11/05																																																																																																																																																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # (352) 787-5268																																																																																																																																																		