

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90005 033 ***158.75

DOCUMENT # P01000080204

1. Entity Name
INTEGRATED PRESS & PRINTING, INC.



Principal Place of Business
**200 S MAIN ST, STE 101
BELLE GLADE, FL 33430**

Mailing Address
**200 S MAIN ST, STE 101
BELLE GLADE, FL 33430**

54025918



2. Principal Place of Business
200 SOUTH MAIN STREET

3. Mailing Address
200 SOUTH MAIN STREET

Suite, Apt. #, etc.
BELLE GLADE, FL

Suite, Apt. #, etc.
BELLE GLADE, FL

03232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1128503

Applied For
Not Applicable

Zip
33430

Country
PALM BEACH

Zip
33430

Country
PALM BRACH

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

6. Name and Address of Current Registered Agent

**TRIPP, DARRYL D
200 S MAIN ST, STE 101
BELLE GLADE, FL 33430**

7. Name and Address of New Registered Agent

Name
DARRYL D. TRIPP

Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH MAIN STREET

BELLE GLADE

City

FL

Zip Code
33430

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

[Signature]

Darryl D. Tripp

4/2/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **TRIPP, DARRYL D**
STREET ADDRESS **200 SOUTH MAIN STREET**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **TRIPP, DARRYL D**
STREET ADDRESS **200 SOUTH MAIN STREET**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darryl D. Tripp 4/2/04

561-996-9111

Date

Daytime Phone #