

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90060 003 \*\*\*150.00

**DOCUMENT # P01000081204**

1. Entity Name  
PPP, INC.



Principal Place of Business  
3243 SW MAPP ROAD  
PALM CITY, FL 34990

Mailing Address  
3243 SW MAPP ROAD  
PALM CITY, FL 34990

50059548



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
59-3740116

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, PRIYA  
3154 SE MONTE VISTA COURT  
PORT ST LUCIE, FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

1768 CRANE CREEK CIRCLE

City

PALM CITY

FL

Zip Code

34990

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

PRIYA PATEL

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
PATEL, PRIYA  
3154 S E MONTE VISTA COURT  
PORT ST LUCIE, FL 34952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1768 CRANE CREEK CIRCLE  
PALM CITY FL 34990 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATEL, PRIYA  
3154 SE MONTE VISTA COURT  
PORT ST LUCIE, FL 34952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1768 CRANE CREEK CIRCLE  
PALM CITY FL 34990 ☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRIYA PATEL

Date

Daytime Phone #

7/31/05

772-221-0633