

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90014 018 ***150.00

DOCUMENT # P01000100821

1. Entity Name

PPI TECHNOLOGIES, INC.



Principal Place of Business

1249 TALLEVST RD.
AIRPORT COMMERCE CENTER
SARASOTA FL 34243

Mailing Address

1249 TALLEVST RD.
AIRPORT COMMERCE CENTER
SARASOTA FL 34243

2. Principal Place of Business

1610 NORTHGATE BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

SARASOTA FL

City & State

Zip

34234

Country

SARASOTA

4. FEI Number

56-2300746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, R. CHARLES
1249 TALLEVST ROAD
AIRPORT COMMERCE CENTER
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

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

1610 NORTHGATE BOULEVARD

City

SARASOTA

FL

Zip Code

34234

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, R. CHARLES	
STREET ADDRESS	2149 TALLEVST ROAD, AIRPORT COMMERCE CTR.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, YVONNE	
STREET ADDRESS	2149 TALLEVST ROAD, AIRPORT COMMERCE CTR.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1610 NORTHGATE BOULEVARD	
STREET ADDRESS	SARASOTA FL 34234	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1610 NORTHGATE BOULEVARD	
STREET ADDRESS	SARASOTA FL 34234	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/2004

941 355 6678