2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
03-19-2004 90037 004 ***150.00

DOCUMENT # P02000077350

1. Entity Name
MAPLE OAK, INC.

66410877

Principal Place of Business	Mailing Address
1855 SWEET WATER W. CIRCLE APOPKA, FL 32712	1855 SWEET WATER W. CIRCLE APOPKA, FL 32712

03142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0652757
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIPPARD, WILLIAM H
1855 SWEET WATER W. CIRCLE
APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE

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 William H Rippard 2/10/04
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	P
NAME	RIPPARD, WILLIAM H
STREET ADDRESS	1855 SWEET WATER W. CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: William H Rippard 3/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM H. RIPPARD
Date Daytime Phone #

Attachment

66410877
#P020000771350

Martin Orlando Inc. operating account

63-886/631-044

105

Florida Dept of State

DATE 2/6/04

PAY TO THE ORDER OF Div of Corporations $ 150.00

One hundred fifty dollars & 00/100 DOLLARS

Republic Bank
Proud To Serve You

SELLEAIR BLUFFS OFFICE
401 NORTH INDIAN ROCKS ROAD
SELLEAIR BLUFFS, FLORIDA 33770
1-800-MY BANK

FOR Annual rpt

Martin J Rosato Pres. MP

MARTIN J ROSATO 09/02
PO BOX 300279
FERN PARK, FL 32730

1028

63-886/631-004

Fla. Dept of State 2/6/04 Date

Pay to the order of Division of Corporations $ 150.00

One hundred fifty dollars & 00/100 Dollars

Republic Bank

For Maple Oak Inc

Martin J Rosato MP

⑆063108868⑆ 1028 068600 2783⑈