

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90159 030 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P02000127479</b><br>1. Entity Name<br><b>MARY RIPPER CORP</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>1538 NE 17 WAY<br/>FT LAUDERDALE FL 33305</b>  |  |  | Mailing Address<br><b>6096 NW 24TH STREET<br/>SUMMER<br/>BOCA RATON FL 33434</b>   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address<br><b>7121 Mallorca Crescent<br/>Boca Raton Fla</b> |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip <b>33433</b>   | Country <b>US</b>  | 4. FEI Number <b>65-0709017</b><br><b>APPLIED FOR</b> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>                 |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SUMMER, DONALD L<br/>6096 NW 24 ST<br/>BOCA RATON FL 33434</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| 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.<br>SIGNATURE<br><small>Signature, type, or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D<br>CIPOLLA, BONNIE<br>1538 NE 17 WAY<br>FT LAUDERDALE FL 33305 | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete  |  |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |  | <input type="checkbox"/> Delete  |  |   |  |
| 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  |   |  |
| <small>Date Daytime Phone #</small>  |  |  |  |   |  |