2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P03000087035 Feb 05, 2007 08:00 AM 1. Entity Namo **Secretary of State** RICHARD PETIPREN CORPORATION Principal Place of Business Mailing Address 2010 BENTWOOD DRIVE 2010 BENTWOOD DRIVE WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 30-0200864 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PETIPREN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2010 BENTWOOD DRIVE WINTER PARK FL 32792 City Zip Codo 8. The above named on tily 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILL THE ☐ Change Delete U00000622074 PETRIPREN, RICHARD NAMI NAME 02/13/07-80011-012 150.00 2010 BENTWOOD DRIVE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete HHE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST- 7IP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DITLE ☐ Delete HHE □ Change Addition NAMI. NAM STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-7IP Delete HIC ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP THILE Delete TITLE Addition NAMI NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 each; 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.