


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90021 022 ***150.00

DOCUMENT # P04000005152

1. Entity Name
KARL VAN POPPEL, INC.



Principal Place of Business Mailing Address

~~3618 SE 46TH PLACE~~ ~~3618 SE 46TH PLACE~~
 OCALA, FL 34480 OCALA, FL 34480

50015423



2. Principal Place of Business 3. Mailing Address

387 NE 70TH TERR **387 NE 70TH TERR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State City & State

OCALA FLORIDA **OCALA FLORIDA**

Zip Country Zip Country

34470 **USA** **34470** **USA**

4. FEI Number Applied For

20-0421562 Not Applicable

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

6. Name and Address of Current Registered Agent

~~VAN POPPEL, KARL~~
~~3618 SE 46TH PLACE~~
~~OCALA, FL 34480~~

387 NE 70TH TERR
OCALA, FLORIDA
34470

7. Name and Address of New Registered Agent

Name

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

City **FL** 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.

SIGNATURE: *Karl Van Poppel* DATE

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN POPPEL, KARL	NAME	
STREET ADDRESS	3618 SE 46TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34480	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of 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: *Karl Van Poppel* **PRESIDENT** **352 598 1926**

Signature, typed or printed name of signing officer or director Date Daytime Phone #