

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90269 047 ***158.75

DOCUMENT # P04000014213

1. Entity Name
DEPER, INC.



Principal Place of Business

**1014 SE 8 ST
FT LAUDERDALE FL 33316**

Mailing Address

**1014 SE 8 ST
FT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

State Apt. A, etc.

State Apt. P, etc.

City & State

City & State

Zip

Country

Zip

Country

02152005

Chg-P

CR2E034 (10/03)

4. FCI Number

20-062188

Applies For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**LEONARD, PETER N
1014 SE 8 ST
FT LAUDERDALE, FL 33316**

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

(Signature of the person submitting this statement)

(Signature of Registered Agent, subject to required when changed)

DATE

**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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEONARD, PETER N**
CITY-STATE-ZIP **1014 SE 8 ST
FT LAUDERDALE, FL 33316**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEONARD, DEBORAH D**
CITY-STATE-ZIP **1014 SE 8 ST
FT LAUDERDALE, FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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:

Peter N. Leonard

Peter N. Leonard 2/5/05 954-547-8408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE