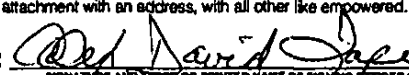


2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2005 90403 050 ***150.00

FILED
P04000038408
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -1 PM 2:24

DOCUMENT # P04000038408			
1. Entity Name ALEX DAVID LAPE, INC.			
Principal Place of Business P.O. BOX 1172 BUNNELL, FL 32210		Mailing Address P.O. BOX 1172 BUNNELL, FL 32210	
2. Principal Place of Business 109 Baywood Dr.		3. Mailing Address 109 Baywood Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Bch, FL		City & State Daytona Bch, FL	
Zip 32117	Country Volusia	Zip 32117	Country Volusia
4. FEI Number 34-1986796		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent's signature required when reappointing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LAPE, ALEX DAVID P.O. BOX 1172 BUNNELL, FL 32210 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Lape, Alex David 109 Baywood Drive Daytona Bch, FL 32117 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LAPE, ALBERT GEORGE P.O. BOX 1172 BUNNELL, FL 32210 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		4-30-05 386-503-6920	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	