## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mary ....



**FILED** Mar 04, 2005 8:00 am Secretary of State 03-04-2005 90074 006 \*\*\*150.00

DOCUMENT # P04000062428  1. Entity Name JOSEPH SCHUPP INC					03-04-2005 90074 006 ***150.00				
Principal Place of Business Mailing Address				7					
705 PALM CIRCLE LARGO, FL 33770		705 PALM CIRCLE LARGO,FL 33770							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02192005	Chg-P	CR2E034 (1	10/03)	٠	
City & State		City & State		4. FEI Number 20-10404			<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	5. Certificate of Status Desired		75 Add	litional	
<del></del>	6. Name and Address of Current	Registered Agent	- 1	7. Name and A	ddress of New R		Require t	-	
Nam									
SCHLIPP, ALICE W 705 PALM CIRCLE LARGO, FiL 33770			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
LANGO, I	10 33770								
•			City		-	· FL ²	Zip Code	÷	
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 Sq-bard typed or printed name of ,egiseled agen, and title it appliddbl- (NOTE Registered Agent s,gnature requil.ed -n re-statim,f) DAff									
FILE NOWIIIIII FEE IS \$150 00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00  Trust Fund Contribution.							•		
10.	. OFFICERS AND	11.	ADDITIONS C	HANGES TO OFFI	CERS AND DIRE	CTORS	IN 1 1		
TITLE	Р	☐ Delete	TITLE	<del></del>			Cidarign	Addilion	
NAME STREET ADDRESS	SCHUPP, JOSEPH 705 PALM CIRCLE		NAME STREET ADDRESS						
CITY-ST-71P	LARGO, FIL 33770	•	CITY-ST-ZIP						
TITLE	V	☐ Delete	TITLE				Change	Addition	
NAME	SCHUPP, ALICE W		NAME						
S1 REET ADDRESS CITY+ST-ZIP	705 PALM CIRCLE LARGO, FL 33770		STREET ADDRESS CITY-ST-ZIP						
TITLE	LARGO, PL 33770	Delete	TITLE	<u> </u>	<del></del>		Change	Addition	
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STREET ADDRESS			STREET ADDRESS						
CITY ST-ZIP	·	<u> </u>	CITY- ST-ZIP					- Dagge	
title Name		Delete	TITLE NAME		•	⊔°	shange.	Addition	
STREET ADDRESS CITY • ST-ZIP	u		STREET AOORESS CITY - ST-ZIP			•			
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NAME CTRECT ADDRESS			NAME STREET ADDRESS						
STREET ADDRESS CITY - ST- ZIP			STREET ADDRESS CITY-ST-ZIP					ļ	
TITLE		☐ Delete	TITLE		<del>.</del>		thange	A(J(J ition	
NAME STREET ADDRESS			NAME						
CITY - ST- ZIP			STREET ADDRESS CITY - ST- ZIP		•				
	entify that the information symplical with	this files does not small for the		Continue 440 07- 20/0	Florida Ctatutas I	6			

recovery certify trial the information supplied with this rilling 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: <

( SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alice Schupp, Vice President

Date 2/25/05/727-518-0904