


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90406 034 \*\*\*150.00

<b>DOCUMENT # P04000093892</b>	
1. Entity Name <b>THE CHIP GUY, INC.</b>	

Principal Place of Business <b>905 LAKE SHORE DRIVE APT # 212 LAKE PARK, FL 33403</b>	Mailing Address <b>905 LAKE SHORE DRIVE APT # 212 LAKE PARK, FL 33403</b>
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**14013811**



2. Principal Place of Business <b>3 Hawthorne Dr</b>	3. Mailing Address <b>3 Hawthorne Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02252005 Chg-P CR2E034 (10/03)

City & State <b>LAKE PARK FL</b>	City & State <b>LAKE PARK FL</b>	4. FEI Number <b>201262690</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33403</b>	Country <b>USA</b>	Zip <b>33403</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WOLL, TONI 6760 JUPITER GARDENS BLVD JUPITER, FL 33458</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	P, S KLEPPE, JOHN R JR 905 LAKE SHORE DRIVE, APT 212 LAKE PARK, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*John Kleppe as President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-05 (561) 502**  
Date Daytime Phone # **5205**