


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90028 038 \*\*\*150.00

<b>DOCUMENT # P04000163938</b>					
<b>1. Entity Name</b> PRECIPE ENTERPRISES, INC.					
<b>Principal Place of Business</b> 134 NETTLES BLVD. JENSEN BEACH, FL 34957			<b>Mailing Address</b> 134 NETTLES BLVD. JENSEN BEACH, FL 34957		
<b>2. Principal Place of Business</b> 770 NW 10TH TERR.		<b>3. Mailing Address</b> 770 NW 10TH TERR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> STUART, FL		<b>City &amp; State</b> STUART, FL		<b>4. FEI Number</b> 20-1989393	
<b>Zip</b> 34994		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HARRIGAN, JUDITH M 134 NETTLES BLVD. JENSEN BEACH, FL 34957		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 770 NW 10TH TERR. City STUART, FL FL Zip Code 34994			
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> HARRIGAN, JUDITH M 134 NETTLES BLVD. JENSEN BEACH, FL 34957		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	770 NW 10TH TERR. STUART, FL 34994	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> YOCUM, JOHN E 134 NETTLES BLVD. JENSEN BEACH, FL 34957		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	770 NW 10TH TERR. STUART, FL 34994	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> HARRIGAN, JUDITH M 134 NETTLES BLVD. JENSEN BEACH, FL 34957		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	770 NW 10TH TERR. STUART, FL 34994	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> HARRIGAN, JUDITH M 134 NETTLES BLVD. JENSEN BEACH, FL 34957		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	770 NW 10TH TERR. STUART, FL 34994	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> 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 exemptions contained in Chapter 119, 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 E. YOCUM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/9/06**  
Date

**772-341-9602**  
Daytime Phone #