

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000094461

Entity Name: NIPPER & ASSOCIATES, INC.

FILED
Oct 12, 2007
Secretary of State

Current Principal Place of Business:

1632 POINSETTIA AVE
FT. MYERS, FL 33901

New Principal Place of Business:

3521 MALAGROTTA CIRCLE
CAPE CORAL, FL 33909

Current Mailing Address:

1632 POINSETTIA AVE
FT. MYERS, FL 33901

New Mailing Address:

P.O. BOX 4419
FT. MYERS, FL 33918

FEI Number: 20-3127261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIPPER, ALENA C
1634 POINSETTIA AVE
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

NIPPER, ALENA C
3521 MALAGROTTA CIRCLE
CAPE CORAL, FL 33909 US

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.

SIGNATURE: ALENA NIPPER

10/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NIPPER, ALENA C
Address: 1634 POINSETTIA AVE
City-St-Zip: FT. MYERS, FL 33901

Title: VP () Delete
Name: NIPPER, JOHN
Address: 1634 POINSETTIA AVE
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NIPPER, ALENA C
Address: 3521 MALAGROTTA CIRCLE
City-St-Zip: CAPE CORAL, FL 33909

Title: VP (X) Change () Addition
Name: NIPPER, JOHN
Address: 3521 MALAGROTTA CIRCLE
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALENA NIPPER

P

10/12/2007

Electronic Signature of Signing Officer or Director

Date