

84/24/2006 11:18 9042600348

JEFFREY M JAI

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90208 025 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000152862			
1. Entity Name REPOLE ENTERPRISES INC.			
Principal Place of Business 1108 KILLARNEY DR. ORMOND BEACH, FL 32174		Mailing Address 1108 KILLARNEY DR. ORMOND BEACH, FL 32174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent REPOLE, JOSEPH A. 1108 KILLARNEY DR. ORMOND BEACH, FL 32174		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	REPOLE, JOSEPH A.		
STREET ADDRESS	1108 KILLARNEY DR.		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
TITLE	ST	☐ Delete	
NAME	REPOLE, SUZANNE M.		
STREET ADDRESS	1108 KILLARNEY DR.		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 supplementary 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 corporation's trustee empowered to prepare this report as required by Chapter 307, 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 empowerment.			
SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40083400



04242006 Chg-P CR2E034 (11/05)

4. FFI Number

20-371 9953

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	REPOLE, JOSEPH A.	
STREET ADDRESS	1108 KILLARNEY DR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	ST	☐ Delete
NAME	REPOLE, SUZANNE M.	
STREET ADDRESS	1108 KILLARNEY DR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Plate #

↑ Sign

↑ date