

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90263 040 ***150.00

DOCUMENT # P06000000135

1. Entity Name
W.A. RUPPEL CORP. INC.



Principal Place of Business
**% COMPUKEEPER INC
2298 NW 2ND AVE STE 20
BOCA RATON, FL 33431**

Mailing Address
**% COMPUKEEPER INC
2298 NW 2ND AVE STE 20
BOCA RATON, FL 33431**

50000335



2. Principal Place of Business - No P.O. Box #
4416 SE 4th PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State
Ocala, FL

City & State

4. FEI Number
20-4035727

Applied For
Not Applicable

Zip
34471

Country
U.S.

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUPPEL, WILLIAM
% COMPUKEEPER INC.
2298 NW 2ND AVE STE 20
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
William Ruppel
Street Address (P.O. Box Number is Not Acceptable)
4416 SE 4th PL
City
Ocala FL Zip Code
34471

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 ☒ *William G. Ruppel* **William Ruppel, PR**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

☒ **1/11/07**
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUPPEL, WILLIAM
4416 SE 4TH PLAE
OCALA, FL 34471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 ☒ *William G. Ruppel* **William Ruppel, PR** **1/11/07** **(352) 624-2972**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #