


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90059 018 ***150.00

DOCUMENT # P06000014118

1. Entity Name
SIPPERT SERVICES, INC.



Principal Place of Business Mailing Address

1435 MALIBU CIRCLE #108 **1435 MALIBU CIRCLE #108**
PALM BAY, FL 32905 **PALM BAY, FL 32905**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3278 Haddon Ave NE **PO Box**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Palm Bay Fla **Palm Bay Fla**

Zip Country Zip Country

32905 **USA** **32906-0446** **USA**

6. Name and Address of Current Registered Agent

SIPPERT, GLENN
1435 MALIBU CIRCLE #108
PALM BAY, FL 32905

7. Name and Address of New Registered Agent

Name **Glenn Sippert**

Street Address (P.O. Box Number is Not Acceptable) **3278 Haddon Ave NE**

City **Palm Bay** FL Zip Code **32905**

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete SIPPERT, GLENN 1435 MALIBU CIRCLE #108 PALM BAY, FL 32905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Glenn Sippert 3278 Haddon Ave NE Palm Bay FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SIPPERT, BLAKE 4090 NE 366 TR OKEECHOBEE, FL 34972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Blake Sippert 3278 Haddon Ave NE Palm Bay FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D SIPPERT, RYAN 1435 MALIBU CIRCLE #108 PALM BAY, FL 32905	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
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
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 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 another like empowered.

SIGNATURE:  3-17-07 321-302-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #