

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087498

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** RIPLEY INSURANCE AND INVESTMENTS, INC.

**Current Principal Place of Business:**

12717 W. SUNRISE BLVD. #336  
SUNRISE, FL 333230902

**New Principal Place of Business:**

12717 W. SUNRISE BLVD.  
#336  
SUNRISE, FL 333230902

**Current Mailing Address:**

12717 W. SUNRISE BLVD. #336  
SUNRISE, FL 333230902

**New Mailing Address:**

12717 W. SUNRISE BLVD.  
#336  
SUNRISE, FL 333230902

**FEI Number:** 77-0662697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIPLEY, JOHN E  
13528 N.W. 8TH COURT  
SUNRISE, FL 33325 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RIPLEY, JOHN E  
Address: 12717 W. SUNRISE BLVD. #336  
City-St-Zip: SUNRISE, FL 333230902

Title: D  
Name: RIPLEY, CAROL  
Address: 12717 W. SUNRISE BLVD. #336  
City-St-Zip: SUNRISE, FL 333230902

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN E. RIPLEY

PRES

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date