

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90030 001 ***900.00

DOCUMENT # P06000141224

1. Entity Name

LEE ROPPE, INC.



Principal Place of Business

8846 FAITFUL TRACE
TALLAHASSEE FL 32309

Mailing Address

8846 FAITFUL TRACE
TALLAHASSEE FL 32309

FAITHFUL

FAITHFUL



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1150530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROPPOCCIO, RONALD
8846 FAITFUL TRACE
TALLAHASSEE FL 32309

FAITHFUL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when registering)

DATE

1/12/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 P
NAME ROPPOCCIO, RONALD
STREET ADDRESS 8846 FAITFUL TRACE
CITY ST ZIP TALLAHASSEE FL 32309 ☐ Delete

TITLE V
NAME ROPPOCCIO, JODI
STREET ADDRESS 8846 FAITFUL TRACE
CITY ST ZIP TALLAHASSEE FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

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CITY ST ZIP ☐ Delete

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CITY ST ZIP ☒ Change ☐ Addition
FAITHFUL

TITLE P
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CITY ST ZIP ☒ Change ☐ Addition
FAITHFUL

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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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/07 202.5071