2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-02-2004 90027 028 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P94000039915

1. Entity Name

CHARLES W. RUPPEL & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
150 S. PALMETTO AVENUE BOX J DAYTONA BEACH FL 32114	150 S. PALMETTO AVENUE BOX J DAYTONA BEACH FL 32114

2. Principal Place of Business	3. Mailing Address
585 Ballough	585 Ballough
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State: Daytona Beach, FL.
Zip: 32114 Country: USA	Zip: 32114 Country: USA.

4. FEI Number 59-3256981 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUPPEL, CHARLES W
150 S. PALMETTO AVENUE
BOX J
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD RUPPEL, CHARLES W 542 SANDY OAKS BLVD. ORMOND BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Ruppel, Charles W. 2530 Palm Ave. Flagler Bch, FL. 32136	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemption stated in Section 119.07(3)(i), 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] President Charles W. Ruppel 3/10/04 (386) 295-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #