## 2006 FOR PROFIT CORPORATION

## Mar 16, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P97000054812** 03-16-2006 90223 015 \*\*\*150 00 JERRY RIPPLE STUCCO, INC. Principal Place of Business Mailing Address 3476 1ST ROAD 3476 1ST ROAD VERO BEACH, FL 32968 VERO BEACH, FL 32968 50002962 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 65-0793905 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIPPLE, GERALD R Street Address (P.O. Box Number is Not Acceptable) **3476 1ST ROAD** VERO BEACH, FL 32968 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, typed or printed name of registered egent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE Delete TITLE NAME RIPPLE, THERESA A STREET ADDRESS 3476 1ST RD STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition RIPPLE, GERALD R NAME STREET ADDRESS **3476 1ST ROAD** STREET ADDRESS VERO BEACH, FL 32968 CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE Delete TITLE JEPFREY RIPPLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-78 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling 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.

Ripple 3/13/06 772-564-0392