

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # P98000022639	
1. Entity Name RIPA & ASSOCIATES, INC.	

Principal Place of Business 10149 FISHER AVE TAMPA, FL 33619 US	Mailing Address 10149 FISHER AVE TAMPA, FL 33619 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3497167	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RIPA, FRANK P
10149 FISHER AVE
TAMPA, FL 33619

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000563078 05/19/06-80080-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RIPA, FRANK P 10149 FISHER AVE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA RIPA, FRANK P 10149 FISHER AVENUE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY RIPA, FRANK P 10149 FISHER AVENUE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Frank P. Ripa FRANK P. RIPA 5/1/06 813.662.6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #