

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90025 001 ***150.00

DOCUMENT # P98000092822 1. Entity Name ARIPEKA HOLDING COMPANY, INC.			
Principal Place of Business 3870 TAMPA RD SUITE D OLDSMAR, FL 34677		Mailing Address 3870 TAMPA RD SUITE D OLDSMAR, FL 34677	
2. Principal Place of Business 105 DUNBAR AVE Suite, Apt. #, etc. SUITE D City & State OLDSMAR FL Zip 34677-2950		3. Mailing Address 105 DUNBAR AVE Suite, Apt. #, etc. SUITE D City & State OLDSMAR FL Zip 34677-2950	
4. FEI Number 59-3559247		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGURSKI, GERALD A 2435 U.S. HIGHWAY 19 NORTH SUITE 350 HOLIDAY, FL 34691		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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	DPVS BLEAKLEY, DALE E 2957 EAGLE ESTATES CIR E CLEARWATER, FL 33761	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	105 DUNBAR AVE, STE D OLDSMAR FL 34677-2950	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ 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: <u><i>Dale E Bleakley</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DALE E. BLEAKLEY PRESIDENT Date: <u>3-10-04</u> Daytime Phone #: <u>813-855-5704</u>	

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