2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90305 028 ***150.00

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04142005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000092822

1. Entity Name
ARIPEKA HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
105 DUNBAR AVE. SUITE D OLDSMAR, FL 34677-2950	105 DUNBAR AVE. SUITE D OLDSMAR, FL 34677-2950

2. Principal Place of Business		3. Mailing Address	
3870 Tampa Rd		3870 Tampa Rd	
Suite, Apt. #, etc.: Suite E		Suite, Apt. #, etc.: Suite E	
City & State: Oldsmar FL		City & State: Oldsmar FL	
Zip: 34677	Country:	Zip: 34677	Country:

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: Dale E Bleakley
Street Address (P.O. Box Number is Not Acceptable): 3870 Tampa Rd, Ste E
City: Oldsmar FL Zip Code: 34677

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] Dale E. Bleakley 4-15-05
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, 2005 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	DPVS	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BLEAKLEY, DALE E		NAME		
STREET ADDRESS	105 DUNBAR AVE., STE. D		STREET ADDRESS	3870 Tampa Rd, Ste E	
CITY-ST-ZIP	OLDSMAR, FL 346772950		CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] Dale E Bleakley, President 4-15-05 813-855-5704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #