2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90031 042 ***150.00

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DOCUMENT # P98000092822

1. Entity Name
ARIPEKA HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
3820 TAMPA RD STE E OLDSMAR, FL 34677-2950	3820 TAMPA RD STE E OLDSMAR, FL 34677-2950

03272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1730 S PINELLAS AVE	1730 S PINELLAS AVE
Suite, Apt. #, etc.: SUITE N	Suite, Apt. #, etc.: SUITE N
City & State: TARPON SPRINGS FL	City & State: TARPON SPRINGS FL
Zip: 34689 Country:	Zip: 34689 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

BLEAKLEY, DALE E
3870 TAMPA RD STE E
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1730 S PINELLAS AVE
SUITE N
City: TARPON SPRINS FL Zip Code: 34689

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: Dale E Bleakley DALE E BLEAKLEY 4-14-08
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, 2008 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	3870 TAMPA RD STE E	STREET ADDRESS	1730 S PINELLAS AVE SUITE N
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	TARPON SPRINGS FL 34689
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	
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 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: Dale E Bleakley DALE E. BLEAKLEY 4-14-08 727-942-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #