


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000100913**

1. Entity Name  
 LIPE FARMS, INC.



Principal Place of Business      Mailing Address

9090 S.W. LIPE ST.      9090 S.W. LIPE ST.  
 ARCADIA, FL 34269      ARCADIA, FL 34269



03092005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3545424      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WOLF, ROBERT M P.A.  
 33 S.E. 4TH ST., STE. 102  
 BOCA RATON, FL 33432

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LIPE, THOMAS B
STREET ADDRESS	9090 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	VP
NAME	LIPE, JOHN W
STREET ADDRESS	9080 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	S
NAME	LIPE, PAULINE E
STREET ADDRESS	9080 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	T
NAME	LIPE, JOHNNIE L
STREET ADDRESS	9090 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/12/05-80029-007 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas B. Lipe      THOMAS B. Lipe      3-10-05      (863)494-2198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #