

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90051 012 ***150.00



DOCUMENT # P98000105606
 1. Entity Name
 D.M.E. RUPPEL, INC.

Principal Place of Business
 4188 SPINDLE TREE WAY
 JACKSONVILLE, FL 32256

Mailing Address
 4188 SPINDLE TREE WAY
 JACKSONVILLE, FL 32256

2. Principal Place of Business
 9118 Spindletree Way
 Suite, Apt. #, etc.

3. Mailing Address
 9118 Spindletree Way
 Suite, Apt. #, etc.

City & State
 Jax FL

City & State
 Jax FL

Zip
 32256

Country

03152005 Chg-P CR2E034 (10/03)

4. FEI Number
 59-3549794

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

RUPPEL, DONNA M
 9118 SPINDLE TREE WAY
 JACKSONVILLE, FL 32256

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, 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	<input type="checkbox"/> Delete
NAME	RUPPEL, DONNA M	
STREET ADDRESS	9118 SPINDLETREE WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUPPEL, TRACEY D	
STREET ADDRESS	5869 GUILFORD AVE.	
CITY-ST-ZIP	INDIANAPOLIS, IN 46220	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUKEN, DARCYA	
STREET ADDRESS	2404 GALBRETH RD.	
CITY-ST-ZIP	PASADENA, CA 91104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Donna M. Ruppel 3/22/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #