2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2005 08:00 AM **DOCUMENT # P99000017217 Secretary of State** 1. Entity Name RICHARD G. PIPPINGER, P.A. Principal Place of Business Mailing Address 13907 NORTH DALE MABRY HWY, STE, 202 13907 NORTH DALE MABRY HWY. STE. 202 TAMPA, FL 33618 TAMPA, FL 33618 CR2E034 (10/03) 04042005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3558703 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PIPPINGER, RICHARD G 13907 NORTH DALE MABRY HWY. STE, 202 TAMPA, FL 33618 IN THIS SPACE 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 reguland when reinstating) Signature, typod or printed name of registered egent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE D --- U000000291789 PIPPINGER, RICHARD G NAME 04/07/05-80044-013 150.00 14044 SHADY SHORES DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(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

KICKAN

SIGNATURE:

SIGNATURE AND TYPED OR PH

FILED

813 265030

Daytime Phone #