

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000019831

1. Entity Name
PPFOUR, INC.



Principal Place of Business

6112 28TH ST E
BRADENTON, FL 34203

Mailing Address

6112 28TH ST E
BRADENTON, FL 34203



DO NOT WRITE IN THIS SPACE

03242005 No Chg-P CR2E034 (10/03)

4. FID Number

65-0898431

Applied For

No Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLECK, PAUL
6112 28TH ST EAST
BRADENTON, FL 34203

**DO NOT WRITE
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

(Signature typed or printed name of registered agent and fee, if applicable)

(Signature typed or printed name of registered agent and fee, if applicable)

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

PTD
NAME: FLECK, PAUL
STREET ADDRESS: 6112 28TH ST EAST
CITY-STATE-ZIP: BRADENTON, FL 34203

VP
NAME: FLECK, PATTI
STREET ADDRESS: 6112 28TH ST EAST
CITY-STATE-ZIP: BRADENTON, FL 34203

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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04/08/05-80057-020 150.00

**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)(a), 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 fee empowerment.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL FLECK

3-22-05

941-727-1700