

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 26, 2008 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



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0898431

Applied For
Not 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

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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 required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
FLECK, PATTI
6112 28TH ST EAST
BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000869553
04/09/08-80054-008 150.00

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IN THIS SPACE**

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: *Paul Fleck* **PAUL FLECK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/08 **941-708-3140**
Date Daytime Phone #