

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000080788

1. Entity Name
K.S. FIPPS AND COMPANY, INC.



Principal Place of Business

**5337 DESOTO PKWY.
SARASOTA, FL 34234**

Mailing Address

**5337 DESOTO PKWY.
SARASOTA, FL 34234**



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0947029** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIPPS, KEVIN S
5337 DESOTO PKWY.
SARASOTA, FL 34234**

**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 title if applicable

(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**

**11000000312526
04/18/05-80085-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIPPS, KEVIN S
STREET ADDRESS	5337 DESOTO PKWY.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D
NAME	FIPPS, DEBORAH A
STREET ADDRESS	5337 DESOTO PKWY.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	VP
NAME	FIPPS, CHARITY H
STREET ADDRESS	5337 DESOTO PKWY
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	VP
NAME	FIPPS, ASHLEY B
STREET ADDRESS	5337 DESOTO PKWY
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	VP
NAME	FIPPS, STEPHANY S
STREET ADDRESS	5337 DESOTO PKWY
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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; I am the owner of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and address have not changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 415-85 X 941-3108207