


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90030 031 ***150.00

DOCUMENT # S28979 1. Entity Name RIPLEY & CO. OF PALM BEACHES, INC.					
Principal Place of Business 323 NE 6TH AVE DELRAY BEACH FL 33483 US			Mailing Address 323 NE 6TH AVE DELRAY BEACH FL 33483 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3603 Quail Ridge Drive Suite, Apt. #, etc.			
City & State Zip Country		City & State Boynton Beach, FL Zip Country USA		4. FEI Number Applied For 65-0224177 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SURACE, DAVID L. 3501 WATERVIEW CIRCLE PALM SPRINGS FL 33461			
7. Name and Address of New Registered Agent --Name Street Address (P.O. Box Number is Not Acceptable) 4140 3rd Ct. City State Zip Code Lantana, FL 33462		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 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIPLEY, RAE LEE 323 NE 6TH AVE DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Raymond Ripley Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-8-05</u> Daytime Phone #: <u>561-374-3021</u>		