

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004188

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: LIPSKY ENTERPRISES, INC.

**Current Principal Place of Business:**

814 MONTAUK HIGHWAY  
BAYPORT, NY 11705

**New Principal Place of Business:**

**Current Mailing Address:**

814 MONTAUK HIGHWAY  
BAYPORT, NY 11705

**New Mailing Address:**

FEI Number: 11-2849606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LIPSKY, BARRY  
Address: 88 S. FAIRVIEW AVE  
City-St-Zip: BAYPORT, NY

Title: SD ( ) Delete  
Name: LIPSKY, ERIC  
Address: 11 JOSEPHINE LANE  
City-St-Zip: EAST ISLIP, NY

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY LIPSKY

PD

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date