

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009678

**Entity Name:** EURO TRIPPER INC**Current Principal Place of Business:**4830 NW 43RD STREET  
#165  
GAINESVILLE, FL 32606**Current Mailing Address:**4830 NW 43RD STREET  
#165  
GAINESVILLE, FL 32606 US**FEI Number:** 46-3957115**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNEY, PAUL R  
4830 NW 43RD STREET  
#165  
GAINESVILLE, FL 32606 US*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**Officer/Director Detail :**

Title	PRES
Name	BARNEY, PAUL R
Address	4830 NW 43RD STREET #165
City-State-Zip:	GAINESVILLE FL 32606

Title	VP
Name	BARNEY, KIM
Address	4830 NW 43RD STREET #165
City-State-Zip:	GAINESVILLE FL 32606

Title	TREA
Name	BARNEY, PAUL
Address	4830 NW 43RD STREET #165
City-State-Zip:	GAINESVILLE FL 32606

Title	DIR
Name	BARNEY, PAUL
Address	4830 NW 43RD STREET #165
City-State-Zip:	GAINESVILLE FL 32606

Title	ASST
Name	BARNEY, PAUL
Address	4830 NW 43RD STREET #165
City-State-Zip:	GAINESVILLE FL 32606

Title	ASST
Name	BARNEY, PAUL
Address	4830 NW 43RD STREET #165
City-State-Zip:	GAINESVILLE FL 32606

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL BARNEY

PRESIDENT

01/15/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date