
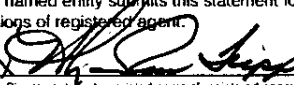
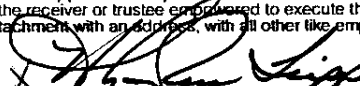


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90300 046 ***158.75

DOCUMENT # 619651 1. Entity Name TRIPP CONSTRUCTION, INC.					
Principal Place of Business 1225 NW AVENUE L STE 103 BELLE GLADE, FL 33430 US			Mailing Address 1225 NW AVENUE L STE 103 BELLE GLADE, FL 33430 US		
2. Principal Place of Business 200 SOUTH MAIN STREET Suite, Apt. #, etc.		3. Mailing Address 200 SOUTH MAIN STREET Suite, Apt. #, etc.		03222004 Chg-P CR2E034 (10/03)	
City & State BELLE GLADE, FL		City & State BELLE GLADE, FL		4. FEI Number 59-1960724	
Zip 33430		Country PALM BEACH		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIPP, H., LA RUE 1225 N.W. AVENUE L STE 103 BELLE GLADE, FL 33430				7. Name and Address of New Registered Agent Name H. LA RUE TRIPP Street Address (P.O. Box Number is Not Acceptable) 7400 LAURELS PLACE PORT ST. LUCIE, FL 34986 City FL Zip Code	
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 		H. LA RUE TRIPP		4/6/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRIPP, HERBERT LARUE 1225 N.W. AVENUE L BELLE GLADE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERBERT LA RUE TRIPP 7400 LAURELS PLACE PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		H. LA RUE TRIPP		4/6/04	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

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