

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90194 008 ***158.75

DOCUMENT # 619651

1. Entity Name
TRIPP CONSTRUCTION, INC.



Principal Place of Business
**200 SOUTH MAIN STREET
BELLE GLADE, FL 33430 US**

Mailing Address
**200 SOUTH MAIN STREET
BELLE GLADE, FL 33430 US**

400000



2. Principal Place of Business

3. Mailing Address

7400 LAURELS PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142006

Chg-P

CR2E034 (11/05)

City & State

City & State

PORT ST. LUCIE, FL 34986

4. FEI Number

59-1960724

Applied For

Not Applicable

Zip

Country

Zip

Country

ST. LUCIE

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIPP, H., LA RUE
7400 LAURELS PLACE
PORT SAINT LUCIE, FL 34986**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 LA RUE
7400 LAURELS PLACE
PORT SAINT LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, without other like empowered.

SIGNATURE:

Herbert La Rue Tripp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06

Date

772-429-2302

Daytime Phone #