

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42875

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: OSWALD, TRIPPE AND COMPANY, INC.

## Current Principal Place of Business:

13515 BELL TOWER DRIVE  
FT. MYERS, FL 339072927

## New Principal Place of Business:

## Current Mailing Address:

13515 BELL TOWER DRIVE  
FT. MYERS, FL 339072927

## New Mailing Address:

FEI Number: 59-2131368      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TRIPPE, GARY V.  
13515 BELL TOWER DRIVE  
FORT MYERS, FL 33907      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: CEO ( ) Delete  
Name: TRIPPE, GARY V.  
Address: 13515 BELL TOWER DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: CSD ( ) Delete  
Name: PENDER, JAMES,  
Address: 13515 BELL TOWER DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: VP ( ) Delete  
Name: BRACCI, ROBERT A.,  
Address: 13515 BELL TOWER DRIVE  
City-St-Zip: FT. MYERS, FL 33907

Title: S ( ) Delete  
Name: TRIPPE, GAY G.,  
Address: 13515 BELL TOWER DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: SVP ( ) Delete  
Name: BELISLE, JOHN, D,  
Address: 13515 BELL TOWER DR  
City-St-Zip: FORT MYERS, FL 33907

Title: PRE ( ) Delete  
Name: POLLOCK, JOHN M  
Address: 13515 BELL TOWER DRIVE  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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: GARY V. TRIPPE

CEO

01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date