

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

10/2

FILED

04 JUL 13 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07022004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2363189

Applied For  
Not Applicable

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, STEVE  
12393 70 PLACE NO  
WEST PALM BEACH, FL 33412

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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when installing)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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  
PTD  
TRIPP, STEVE  
12393 70 PLACE NO  
WEST PALM BEACH, FL 33412 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
12545 ORANGE BLVD.  
WEST PALM BEACH, FL 33412

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400039081304  
07/13/04-01087--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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 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: STEVE TRIPP, PRES. 7/2/04 (861)798-5277

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Phone #

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July 2, 2004

TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FROM: STEVE TRIPP  
TRIPP TILE, INC.

RE: 2004 ANNUAL REPORT - DOCUMENT #G82865

TO WHOM IT MAY CONCERN:

WE RECEIVED A "NOTICE OF INTENT TO DISSOLVE" TODAY WITH REGARDS TO THE ABOVE REFERENCED CORPORATION.

I HAVE REVIEWED MY RECORDS, AND IT INDICATES THAT THE CORPORATE RENEWAL WAS MAILED TO YOU ON MARCH 26, 2004 WITH A CHECK IN THE AMOUNT OF \$150.00, CHECK #7283. I HAVE CONTACTED THE BANK, AND THE CHECK HAS NOT BEEN CASHED TO DATE.

I APPARENTLY DID NOT KEEP A COPY OF THE DOCUMENT, SO I "DOWNLOADED" ONE TODAY ON THE INTERNET. I AM ENCLOSING ANOTHER CHECK IN THE AMOUNT OF \$150.00 TO REPLACE THE ONE PREVIOUSLY SENT. I WILL CONTACT THE BANK TO STOP PAYMENT ON CHECK #7283.

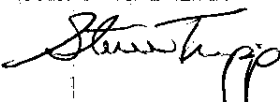
PLEASE SEE ATTACHED REPORTS GENERATED FROM MY QUICK BOOKS ACCOUNTING PROGRAM. "TRANSACTION DETAIL BY DATE" SHOWING YOU THAT CHECK #7283 WAS GENERATED, AND A VENDOR QUICK REPORT ALSO CONFIRMING THE TRANSACTION. I ALSO KEEP A "HAND CHECK" REGISTER (THE OLD-FASHIONED WAY) IN CASE ANY INFORMATION IS LOST IN THE COMPUTER. PLEASE SEE ATTACHED, A COPY OF MY MANUAL CHECK REGISTER.

I HOPE ALL THE INFORMATION PROVIDED TO YOU TODAY WILL CONFIRM THAT THE ANNUAL REPORT WAS MAILED AND PAID FOR IN A TIMELY MANNER.

PLEASE ACCEPT MY APOLOGY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED THE DEPARTMENT.

PLEASE CALL MY OFFICE MANAGER, DONNA, IF YOU NEED ANY FURTHER INFORMATION.

RESPECTFULLY,  
TRIPP TILE, INC.



STEVE TRIPP  
PRESIDENT