


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90003 038 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # G82865</b>                  |  |
| 1. Entity Name<br><b>TRIPP TILE, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>12545 ORANGE PLACE<br/>WEST PALM BEACH FL 33412</b> | Mailing Address<br><b>12545 ORANGE PLACE<br/>WEST PALM BEACH FL 33412</b> |
|---|---|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

2nd MOORE CR2E034 (4/06)

|  |  |  |
|--|--|--|
| 4. FEI Number <b>59-2363189</b>  |  | Applied For  |
|  |  | Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/>                          |  | <b>\$8.75</b> Additional Fee Required  |
| 6. Name and Address of Current Registered Agent                                    |  | 7. Name and Address of New Registered Agent  |
| <b>TRIPP, STEVE</b><br><b>12393 70 PLACE NO</b><br><b>WEST PALM BEACH FL 33412</b> |  | Name <b>Steve TRIPP</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12820 Shore Drive</b><br>City <b>Palm Beach Gardens</b> FL Zip Code <b>33412</b> |

*Moved to*  
*↓*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY September 6, 2006</b><br><b>Make Check Payable to Florida Department of State</b> | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|---|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTD<br>TRIPP, STEVE<br>12545 ORANGE PLACE<br>WEST PALM BEACH FL 33412 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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, with all other like empowered.

SIGNATURE Steve Tripp Steve TRIPP 8/2/06 581 718 2446  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50024713 Aug 2/06  
#G82865

To whom it may concern.

I owner of TRIPP TILE INC did not ever receive a previous copy of the 2006 Profit Corporation annual report. As instructed I am waiving the \$4000 late fee and enclosed my check for \$15000

THANK you

Steve Tripp  
Tripp Tile Inc.