

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J20440

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** TRIPP CONTRACTING CORPORATION

**Current Principal Place of Business:**

800 WESTWOOD SQUARE  
SUITE D  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 WESTWOOD SQUARE  
SUITE D  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 59-2686911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIPP, CARLISS  
800 WESTWOOD SQUARE  
SUITE D  
OVIEDO, FL 32765 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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: TRIPP, CARLISS  
Address: 800 WESTWOOD SQUARE, SUITE D  
City-St-Zip: OVIEDO, FL 32765 US

Title: VP  
Name: MAMONE, ANTHONY M  
Address: 2807 JOSEPH CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

Title: D  
Name: MCCORMICK, STEVE  
Address: 472 PALM DR.  
City-St-Zip: OVIEDO, FL 32765 US

I hereby 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 all other like empowered.

SIGNATURE: STEVE MCCORMICK

D

02/09/2012

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

\_\_\_\_\_  
Date