

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J22837

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** RIPPER'S TRAILERS AND SUPPLIES, INC.

**Current Principal Place of Business:**

% CHARLES E. RIPPER  
3544 ARMELLINI AVENUE  
PALM CITY, FL 349908131

**New Principal Place of Business:**

CHARLES E. RIPPER  
3544 ARMELLINI AVENUE  
PALM CITY, FL 34990

**Current Mailing Address:**

% CHARLES E. RIPPER  
3544 ARMELLINI AVENUE  
PALM CITY, FL 349908131

**New Mailing Address:**

CHARLES E. RIPPER  
3544 ARMELLINI AVENUE  
PALM CITY, FL 34990

**FEI Number:** 59-1109766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIPPER, CHARLES E.  
3544 ARMELLINI AVENUE  
PALM CITY, FL 33494 US

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

RIPPER, CHARLES E.  
3544 ARMELLINI AVENUE  
PALM CITY, FL 33490 US

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: CHARLES E. RIPPER

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: RIPPER, CHARLES E  
Address: 5610 SW GROVE STREET  
City-St-Zip: PALM CITY, FL 34990

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: CHARLES E. RIPPER

DP

04/13/2011

Electronic Signature of Signing Officer or Director

Date