

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90003 006 \*\*\*158.75

<b>DOCUMENT # J31383</b> 1. Entity Name <b>TRIPP &amp; ASSOCIATES, INC.</b>																																									
Principal Place of Business <b>1225 NW AVE L STE 103 BELLGLADE, FL 33430 US</b>			Mailing Address <b>1225 NW AVE L STE 103 BELLGLADE, FL 33430 US</b>																																						
2. Principal Place of Business <b>7400 LAURELS PLACE</b> Suite, Apt. #, etc.			3. Mailing Address <b>7400 LAURELS PLACE</b> Suite, Apt. #, etc.																																						
City & State <b>PORT ST. LUCIE, FL 34986</b>			City & State <b>PORT ST. LUCIE, FL 34986</b>																																						
Zip <b>34986</b>		Country <b>ST. LUCIE</b>		Zip <b>34986</b>																																					
Country <b>ST. LUCIE</b>		Country <b>ST. LUCIE</b>		4. FEI Number <b>65-0395818</b>																																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																					
6. Name and Address of Current Registered Agent  <b>TRIPP, H., LA RUE 1225 N.W. AVE. L STE 103 BELLE GLADE, FL 33430</b>				7. Name and Address of New Registered Agent Name <b>TRIPP, H. LA RUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7400 LAURELS PLACE</b> City <b>PORT ST. LUCIE FL 34986</b>																																					
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 <i>H. La Rue</i> <span style="float: right;">3/11/04</span> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DP TRIPP, H. LA RUE 1225 NW AVENUE L STE 103 BELLE GLADE, FL 334301727</b> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP TRIPP, H. LA RUE 1225 NW AVENUE L STE 103 BELLE GLADE, FL 334301727</b> <input checked="" type="checkbox"/> Delete																	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DP TRIPP, H. LA RUE 7400 LAURELS PLACE PORT ST. LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP TRIPP, H. LA RUE 7400 LAURELS PLACE PORT ST. LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																
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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.																																									
<b>SIGNATURE:</b> <i>H. La Rue</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3/11/04</b> Daytime Phone # <b>772-429-2302</b>																																						

**54017945**



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