


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

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| DOCUMENT # J31383 1. Entity Name TRIPP & ASSOCIATES, INC. |  |
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| Principal Place of Business 7400 LAURELS PLACE PORT SAINT LUCIE, FL 34986 US | Mailing Address 7400 LAURELS PLACE PORT SAINT LUCIE, FL 34986 US |
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| DO NOT WRITE IN THIS SPACE |
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01242008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0395818 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent TRIPP, H., LA RUE 7400 LAURELS PLACE PORT SAINT LUCIE, FL 34986 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TRIPP, H. LARUE 7400 LAURELS PLACE PORT SAINT LUCIE, FL 34986 |
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02/18/08-80035-003 158.75

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/29/08 772-429-2302
Date Daytime Phone #