

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J31383

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** TRIPP & ASSOCIATES, INC.

**Current Principal Place of Business:**

7400 LAURELS PLACE  
PORT SAINT LUCIE, FL 34986 US

**New Principal Place of Business:**

1225 NW AVE. L  
BELLE GLADE, FL 33430 US

**Current Mailing Address:**

7400 LAURELS PLACE  
PORT SAINT LUCIE, FL 34986 US

**New Mailing Address:**

1225 NW AVE. L  
BELLE GLADE, FL 33430 US

**FEI Number:** 65-0395818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRIPP, H., LA RUE  
7400 LAURELS PLACE  
PORT SAINT LUCIE, FL 34986 US

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

TRIPP, H., LA RUE  
1225 NW AVE. L  
BELLE GLADE, FL 33430 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:

04/19/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TRIPP, H. LARUE  
Address: 38 AQUA RA DRIVE  
City-St-Zip: JENSEN BEACH, FL 34957

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: H. LARUE TRIPP

PRES

04/19/2011

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

\_\_\_\_\_  
Date