## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000036737

Entity Name: GREG TRIBBEY, INC.

Title:

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Name:

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City-St-Zip:

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FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11850 NW 40 PLACE SUNRISE, FL 33323 **Current Mailing Address: New Mailing Address:** 11850 NW 40 PLACE SUNRISE, FL 33323 FEI Number: 54-2103933 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRIBBEY, GREG 11850 NW 40 PLACE SUNRISE, FL 33323 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: (X) Change ( ) Addition TRIBBEY, GREG TRIBBEY, GREG Name: Name: 11850 NW 40 PLACE 11850 NW 40 PLACE Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33323 US Title: Title: P.D. ( ) Change (X) Addition ( ) Delete Name: Name: TRIBBEY, GREG 11850 N. W. 40 PLACE Address: Address: SUNRISE, FL 33323 US City-St-Zip: City-St-Zip:

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P.D.

TRIBBEY, GREG

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GREG TRIBBEY P.D. 04/24/2009

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