

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000060775

1. Entity Name
HIPP, INC



Principal Place of Business
323 MEDINA COURT
POINCIANNA, FL 32830 US

Mailing Address
323 MEDINA COURT
POINCIANNA, FL 32830 US

FILED
Jul 31, 2008 08:00 AM
Secretary of State



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0984021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HIPPENSTEEL, RICHARD A
323 MEDINA COURT
POINCIANA, FL 34758

**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 reinstating)

DATE

U00000956807
07/31/08-80005-019 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HIPPENSTEEL, RACINE L
STREET ADDRESS	323 MEDINA COURT
CITY-ST-ZIP	POINCIANA, FL 34758

TITLE	VP
NAME	HIPPENSTEEL, RICHARD A
STREET ADDRESS	323 MEDINA COURT
CITY-ST-ZIP	POINCIANA, FL 34758

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

Racine Hippensteel 7/31/08 321.689-2014