

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101915

Entity Name: JOHNNY GRIP PRODUCTS, INC.

FILED  
Apr 06, 2007  
Secretary of State

## Current Principal Place of Business:

11002 NORVELL RD  
SPRING HILL, FL 34608

## New Principal Place of Business:

1114 NEW POINTE BLVD  
SUITE 100 PMB 100  
LELAND, NC 28451

## Current Mailing Address:

PO BOX 15444  
BROOKSVILLE, FL 346040118

## New Mailing Address:

1114 NEW POINTE BLVD  
SUITE 100 PMB 100  
LELAND, NC 28451

FEI Number: 20-1362343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOOTE, PATRICIA L  
11002 NORVELL RD  
SPRING HILL, FL 34608 US

## Name and Address of New Registered Agent:

FOOTE, PATRICIA L  
6635 LANDOVER BLVD  
SPRING HILL, FL 34608 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: PATRICIA L FOOTE

04/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: FOOTE, PATRICIA L  
Address: 11002 NORVELL RD  
City-St-Zip: SPRING HILL, FL 34608

Title: PD ( ) Delete  
Name: FOOTE, MICHAEL J  
Address: 11002 NORVELL RD  
City-St-Zip: SPRING HILL, FL 34608

Title: VP ( ) Delete  
Name: FOOTE, JOHN H  
Address: 11002 NORVELL RD  
City-St-Zip: SPRING HILL, FL 34608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: FOOTE, PATRICIA L  
Address: 1114 NEW POINTE BLVD SUITE 100 PMB 100  
City-St-Zip: LELAND, NC 28451

Title: PD (X) Change ( ) Addition  
Name: FOOTE, MICHAEL J  
Address: 1114 NEW POINTE BLVD SUITE 100 PMB 100  
City-St-Zip: LEAND, NC 28451

Title: VP (X) Change ( ) Addition  
Name: FOOTE, JOHN H  
Address: 1114 NEW POINTE BLVD SUITE 100 PMB 100  
City-St-Zip: LELAND, NC 28451

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA L FOOTE

ST

04/06/2007

Electronic Signature of Signing Officer or Director

Date