

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101915

Entity Name: JOHNNY GRIP PRODUCTS, INC.

FILED
Mar 07, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
6635 LANDOVER BLVD
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: P (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 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

03/07/2008

Electronic Signature of Signing Officer or Director

Date