

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000101915

**Entity Name:** JOHNNY GRIP PRODUCTS, INC.

**FILED**  
**Jan 06, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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: PATRICIA L FOOTE

S/T

01/06/2011

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

\_\_\_\_\_  
Date