


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000110290 1. Entity Name CUSTARD COVE CORPORATION	
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Principal Place of Business 1233 NW AVE L BELLE GLADE, FL 33430	Mailing Address 1233 NW AVE L BELLE GLADE, FL 33430
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2476529	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIPP, JIMMY L  
657 TABIT RD  
BELLE GLADE, FL 33430

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, MICHAEL C 321 E SUGARLAND HWY CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPP, JIMMY L 657 TABIT RD BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPP, H. LARUE 7400 LAUREL PLACE PORT ST LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000672191  
03/28/07-80058-024 150.00

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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:  \_\_\_\_\_ 3/15/07 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #