

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90021 033 ***150.00

DOCUMENT # P04000110290



1. Entity Name
CUSTARD COVE CORPORATION

Principal Place of Business
**1233 NW AVE L
 BELLE GLADE, FL 33430**

Mailing Address
**1233 NW AVE L
 BELLE GLADE, FL 33430**

40048342



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

59-2476529

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** Delete
 NAME: **MARTIN, MICHAEL C**
 STREET ADDRESS: **321 E SUGARLAND HWY**
 CITY - ST - ZIP: **CLEWISTON, FL 33440**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: **D** Delete
 NAME: **TRIPP, JIMMY L**
 STREET ADDRESS: **657 TABIT RD**
 CITY - ST - ZIP: **BELLE GLADE, FL 33430**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: **D** Delete
 NAME: **TRIPP, H. LARUE**
 STREET ADDRESS: **7400 LAUREL PLACE**
 CITY - ST - ZIP: **PORT ST LUCIE, FL 34986**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

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TITLE: Delete
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 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

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

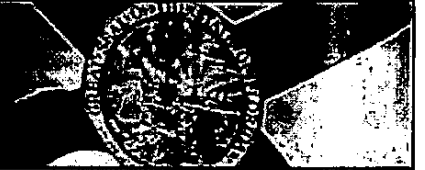
3/11/08

Date

501-996-3333

Daytime Phone #

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Document Number P04000110290
 Business Entity Name CUSTARD COVE CORPORATION
 FEI Number 592476529
 FEI Number Status
 Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 1233 NW AVE L
 City, State BELLE GLADE, FL
 Zip Code & Country 33430

Mailing Address

Address 1233 NW AVE L
 City, State BELLE GLADE, FL
 Zip Code & Country 33430

Name And Address of Registered Agent

Name (Last, First, Middle, Title) TRIPP, JIMMY , L
 Address 657 TABIT RD
 City, State BELLE GLADE, FL
 Zip Code & Country 33430 US
 Registered Agent Signature JIMMY L. TRIPP

Officer/Director Name And Address

Name And Address #1

Title D
 Name (Last, First, Middle, Title) MARTIN, MICHAEL , C
 Street Address 321 E SUGARLAND HWY
 City, State CLEWISTON, FL

ATTACHMENT

Zip Code & Country 33440

Name And Address #2

Title D

Name (Last, First, Middle, Title) TRIPP, JIMMY, L

Street Address 657 TABIT RD

City, State BELLE GLADE, FL

Zip Code & Country 33430

Name And Address #3

Title D

Name (Last, First, Middle, Title) TRIPP, H. LARUE

Street Address 7400 LAUREL PLACE

City, State PORT ST LUCIE, FL

Zip Code & Country 34986

Title D

Officer/Director Signature JIMMY L. TRIPP

48048342
#PO4000110290

Continue