

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110290

FILED
Jan 23, 2009
Secretary of State

Entity Name: CUSTARD COVE CORPORATION

Current Principal Place of Business:

1233 NW AVE L
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

1233 NW AVE L
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 59-2476529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPP, JIMMY L
657 TABIT RD
BELLE GLADE, FL 33430 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: D () Delete
Name: MARTIN, MICHAEL C
Address: 321 E SUGARLAND HWY
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: TRIPP, JIMMY L
Address: 657 TABIT RD
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: TRIPP, H. LARUE
Address: 7400 LAUREL PLACE
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PERRYMAN, BARTON T
Address: 1190 NW 16TH STREET
City-St-Zip: BELLE GLADE, FL 33430

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

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

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: JIMMY L TRIPP

D

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date