

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000110290

**FILED**  
**Feb 12, 2010**  
**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  
**Name:** PERRYMAN, BARTON T  
**Address:** 1190 NW 16TH STREET  
**City-St-Zip:** BELLE GLADE, FL 33430

**Title:** D  
**Name:** TRIPP, JIMMY L  
**Address:** 1225 NW AVE L  
**City-St-Zip:** BELLE GLADE, FL 33430

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

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:** JIMMY L TRIPP

D

02/12/2010

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

\_\_\_\_\_  
Date