

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110290

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** CUSTARD COVE CORPORATION

**Current Principal Place of Business:**

1225 NW AVE L  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

1225 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  
5030 SE 128TH AVE  
OKEECHOBEE, FL 34974      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: 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: 38 AQUA RA DRIVE  
City-St-Zip: JENSEN BEACH, FL 34957

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

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

VP

02/10/2012

\_\_\_\_\_  
Date