

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90035 027 ***150.00

DOCUMENT # P92000005230 1. Entity Name TRIPP ELECTRIC MOTORS, INC.	
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Principal Place of Business 1233 NW AVE L BELLE GLADE, FL 33430 US	Mailing Address P.O. BOX 1059 BELLE GLADE, FL 33430 US
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60007548



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0373189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIPP, JIMMY L
1233 NW AVENUE L
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	PT TRIPP, JIMMY L 1233 NORTHWEST AVENUE L BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TRIPP, ASHLEY T 1233 NW AVE L BELLE GLADE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Date _____ Daytime Phone # _____