

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005230

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: TRIPP ELECTRIC MOTORS, INC.

## Current Principal Place of Business:

1233 NW AVE L  
BELLE GLADE, FL 33430 US

## New Principal Place of Business:

1225 NW AVE L  
BELLE GLADE, FL 33430 US

## Current Mailing Address:

P.O. BOX 1059  
BELLE GLADE, FL 33430 US

## New Mailing Address:

FEI Number: 65-0373189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRIPP, JIMMY L  
1233 NW AVENUE L  
BELLE GLADE, FL 33430 US

## Name and Address of New Registered Agent:

TRIPP, JIMMY L  
1225 NW AVENUE L  
BELLE GLADE, FL 33430 US

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

04/02/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: TRIPP, JIMMY L  
Address: 1233 NORTHWEST AVENUE L  
City-St-Zip: BELLE GLADE, FL 33430

Title: VS ( ) Delete  
Name: TRIPP, ASHLEY T  
Address: 1233 NW AVE L  
City-St-Zip: BELLE GLADE, FL 33430

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: TRIPP, JIMMY L  
Address: 1225 NORTHWEST AVENUE L  
City-St-Zip: BELLE GLADE, FL 33430

Title: VS (X) Change ( ) Addition  
Name: TRIPP, ASHLEY T  
Address: 1225 NW AVE L  
City-St-Zip: BELLE GLADE, FL 33430

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: SABRINA DRAYTON

Electronic Signature of Signing Officer or Director

COMP

04/02/2009

Date