

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90030 028 ***150.00

DOCUMENT # P95000003184

1. Entity Name
TRIP PRODUCTS OF CAPE HAZE, INC.



Principal Place of Business

860-B S. RIVER RD
ENGLEWOOD, FL 34223

Mailing Address

P.O. BOX 5230
ENGLEWOOD, FL 34224-0230

94036223



2. Principal Place of Business

863 Corbin Gainey Road

3. Mailing Address

863 Corbin Gainey Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004

Chg-P

CR2E034 (10/03)

City & State

Defuniak Springs, FL

City & State

Defuniak Springs, FL

4. FEI Number

65-0542916

Applied For

Not Applicable

Zip

32435

Country

Walton

Zip

32435

Country

Walton

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIKULEC, THOMAS
331 BOCILLA DRIVE
DON PEDRO ISLAND
CAPE HAZE, FL 33946

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

863 Corbin Gainey Road

City

Defuniak Springs

FL

Zip Code
32435

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MIKULEC, THOMAS
STREET ADDRESS 331 BOCILLA DRIVE, DON PEDRO ISLAND
CITY-ST-ZIP CAPE HAZE, FL

TITLE D ☐ Delete
NAME AUGUST, PATRICIA
STREET ADDRESS 331 BOCILLA DRIVE, DON PEDRO ISLAND
CITY-ST-ZIP CAPE HAZE, FL

TITLE D ☐ Delete
NAME SARAFIN, JAMES
STREET ADDRESS 1002 TRILLIUM PLACE
CITY-ST-ZIP INDIAN TRAIL, NC 28079

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 863 Corbin Gainey Road
CITY-ST-ZIP Defuniak Springs, FL 32435

TITLE ☒ Change ☐ Addition
NAME PATRICIA MIKULEC
STREET ADDRESS 863 Corbin Gainey Road
CITY-ST-ZIP Defuniak Springs, FL 32435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 persons empowered.

SIGNATURE:

Patricia Mikulec *Patricia Mikulec* *Patricia Mikulec* *34-04* *850-951-2760*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #