2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P95000003184

Entity Name: TRIP PRODUCTS OF CAPE HAZE, INC.

Current Principal Place of Business:

863 CORBIN GAINEY RD.
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

863 CORBIN GAINEY RD.
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

863 CORBIN GAINEY RD
DEFUNIAK SPRINGS, FL 32435

FEI Number: 65-0542916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIKULEC, THOMAS
863 CORBIN GAINEY RD.
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

MIKULEC, THOMAS L PRES
863 CORBIN GAINEY RD.
DEFUNIAK SPRINGS, FL 32435 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: THOMAS L. MIKULEC 01/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MIKULEC, THOMAS
Address: 863 CORBIN GAINEY RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete
Name: MIKULEC, PATRICIA
Address: 863 CORBIN GAINEY RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MIKULEC, THOMAS L PRES
Address: 863 CORBIN GAINEY RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D (X) Change ( ) Addition
Name: MIKULEC, THOMAS L SEC/TRE
Address: 863 CORBIN GAINEY RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: THOMAS L. MIKULEC PRES 01/07/2009
Electronic Signature of Signing Officer or Director Date