

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000090944

Entity Name: TRIPP HARRISON, INC.

FILED
Jan 21, 2005
Secretary of State

Current Principal Place of Business:

900 E1 ANASTASIA BLVD
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

900 E1 ANASTASIA BLVD
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3447950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, TRIPP
19 PARK TERRACE DRIVE
SAINT AUGUSTINE, FL 32080 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRISON, TRIPP
Address: 19 PARK TERRACE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TS () Delete
Name: HARRISON, KATHLEEN P
Address: 19 PARK TERRACE DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: KATHLEEN HARRISON

TS

01/21/2005

Electronic Signature of Signing Officer or Director

Date