

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008141

FILED
Apr 24, 2009
Secretary of State

Entity Name: TRIPPE REALTY MANAGEMENT INC.

Current Principal Place of Business:

5208 S.W. 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

New Principal Place of Business:

101 NW 75TH STREET
SUITE 2
GAINESVILLE, FL 32607 US

Current Mailing Address:

5208 S.W. 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

New Mailing Address:

101 NW 75TH STREET
SUITE 2
GAINESVILLE, FL 32607 US

FEI Number: 59-3420236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPPE, PAT
5208 S.W. 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

TRIPPE, PAT
101 NW 75TH STREET
SUITE 2
GAINESVILLE, FL 32607 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:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDMT () Delete
Name: TRIPPE, PATRICIA K.
Address: 5208 SW 91ST DR
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: TUEBNER, HEATHER
Address: 5208 SW 91ST DR STE D
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: ROACH, MARGIE
Address: 5208 SW 91ST DR STE D
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: PAT TRIPPE

PDMT

04/24/2009

Electronic Signature of Signing Officer or Director

Date