

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082260

Entity Name: RIPTIDE UNLIMITED, INC.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

304 BEACHWAY AVE.
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

304 BEACHWAY AVE
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

304 BEACHWAY AVE.
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 59-3476737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUKE, GLEN
304 BEACHWAY AVENUE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

DUKE, GLEN / JASON
304 BEACHWAY AVE.
NEW SMYRNA BEACH, FL 32139 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: JASON DUKE

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DUKE, GLEN
Address: 304 BEACHWAY AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: DUKE, VICKI
Address: 304 BEACHWAY AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD () Delete
Name: DUKE, JASON
Address: 3051 NE 47TH COURT #306
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: JASON DUKE

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date