


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-25-2004 90010 043 ***150.00

DOCUMENT # H63324			
1. Entity Name TRIPLE CROWN SYSTEMS, INC.			
Principal Place of Business 7398 SEMINOLE BLVD SEMINOLE, FL 34642		Mailing Address 3264 TYRONE BLVD ST PETE, FL 33710	
2. Principal Place of Business 3264 Tyrone Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Pete, FL		City & State	
Zip 33710	Country Pinellas	Zip	Country
6. Name and Address of Current Registered Agent STONIK, DENISE M 7398 SEMINOLE BLVD SEMINOLE, FL 34642		7. Name and Address of New Registered Agent Name: Denise Stonik Street Address (P.O. Box Number is Not Acceptable): 3264 Tyrone Blvd City: St. Pete, FL 33710	
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: <i>Denise Stonik</i> DATE: 3-22-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



03222004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2637938 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: STONIK, DENISE M.	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 15535 REDINGTON DR	CITY-ST-ZIP: REDINGTON BCH, FL		
TITLE: <input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:		
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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 like information.

SIGNATURE: *Denise Stonik* DATE: 3-22-04 DAYTIME PHONE: 727-341-0882