

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90454 035 ***150.00

DOCUMENT # K48473

1. Entity Name
TRIPLE CROWN HOMES, INC.



Principal Place of Business
**1740 E SILVER SPRINGS BLVD.
OCALA, FL 34470**

Mailing Address
**1740 E SILVER SPRINGS BLVD.
OCALA, FL 34470**

14016922



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2956979

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLUNKETT, JOHN M
1740 E SILVER SPRINGS BLVD.
OCALA, FL 34470**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PLUNKETT, JOHN M.
STREET ADDRESS 5383 SE 15TH AVE
CITY-ST-ZIP Ocala, FL 34480

TITLE VPD ☐ Delete
NAME PLUNKETT, KATHLEEN
STREET ADDRESS 1740 E SILVER SPRINGS BLVD
CITY-ST-ZIP Ocala, FL 34470

TITLE S ☒ Delete
NAME PLUNKETT, ARLENE
STREET ADDRESS 5383 SE 15TH AVE
CITY-ST-ZIP Ocala, FL 34480

TITLE D ☐ Delete
NAME PLUNKETT, KEVIN B
STREET ADDRESS 1740 E SILVER SPRINGS BLVD
CITY-ST-ZIP Ocala, FL 34470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **SD Plunkett, Kevin B**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

352-671-4677

Daytime Phone #