

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2005 08:00 AM**  
**Secretary of State**

**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



05162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2956979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PLUNKETT, JOHN M.
STREET ADDRESS	5383 SE 15TH AVE
CITY- ST- ZIP	OCALA, FL 34480
TITLE	VPD
NAME	PLUNKETT, KATHLEEN
STREET ADDRESS	1740 E SILVER SPRINGS BLVD
CITY- ST- ZIP	OCALA, FL 34470
TITLE	SD
NAME	PLUNKETT, KEVIN B
STREET ADDRESS	1740 E SILVER SPRINGS BLVD
CITY- ST- ZIP	OCALA, FL 34470

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000367726  
05/20/05-80002-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

John Plunkett 5-16-05

Date

Daytime Phone #