

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48473

FILED
Apr 20, 2009
Secretary of State

Entity Name: TRIPLE CROWN HOMES, INC.

Current Principal Place of Business:

1740 E SILVER SPRINGS BLVD.
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1740 E SILVER SPRINGS BLVD.
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-2956979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PLUNKETT, JOHN M.
Address: 1809 SE 7TH ST
City-St-Zip: OCALA, FL 34470

Title: VPD () Delete
Name: PLUNKETT, KATHLEEN
Address: 1740 E SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

Title: SD () Delete
Name: PLUNKETT, KEVIN B
Address: 1740 E SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PLUNKETT, JOHN M.
Address: PO BOX 5801
City-St-Zip: OCALA, FL 34478

Title: VPD (X) Change () Addition
Name: PLUNKETT, KATHLEEN
Address: PO BOX 6035
City-St-Zip: OCALA, FL 34478

Title: SD (X) Change () Addition
Name: PLUNKETT, KEVIN B
Address: PO BOX 770774
City-St-Zip: OCALA, FL 34477

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: JOHN M PLUNKETT

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date