


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90490 028 ***150.00

DOCUMENT # L41534					
1. Entity Name TRIPLE CROWN TRAILERS, INC.					
Principal Place of Business 4251 S.PINE AVE. OCALA, FL 34480 US			Mailing Address 4251 S.PINE AVE. OCALA, FL 34480 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2990865	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LORICK, LINDA L 7255 SW 99TH STREET OCALA, FL 34476			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORICK, ERNEST M.		NAME	Lorick, Ernest M.	
STREET ADDRESS	7255 SW 99TH STREET		STREET ADDRESS	7255 SW 99th Street	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	Ocala, FL 34476	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORICK, LINDA L		NAME	Lorick, Linda L.	
STREET ADDRESS	7255 SW 99TH STREET		STREET ADDRESS	7255 SW 99th Street	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	Ocala, FL 34476	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORICK, MARTY L		NAME		
STREET ADDRESS	5952 NE 62ND COURT, RD		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL-34488		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lorick, Jennifer A.	
STREET ADDRESS			STREET ADDRESS	5952 NE 62nd Court Road	
CITY-ST-ZIP			CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 <i>Linda L Lorick</i>			Date <i>4.21.04</i> (352) 368-7888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day:nc Phone #		