


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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
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03082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2990865	Applied For Not Applicable
8. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
 LORICK, LINDA L
 7255 SW 99TH STREET
 OCALA, FL 34476

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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 _____ DATE _____
Signature: typed or printed name of registered agent and the P applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LORICK, ERNEST M. 7255 SW 99TH STREET OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LORICK, LINDA L 7255 SW 99TH STREET OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LORICK, MARTY L 5952 NE 62ND COURT, RD SILVER SPRINGS, FL 34488
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LORICK, JENNIFER A 5952 NE 62ND COURT ROAD SILVER SPRINGS, FL 34488
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/21/06-80090-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jennifer Lorick Jennifer Lorick 3-6-06 352-368-7885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #