

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41534

FILED
Jan 19, 2007
Secretary of State

Entity Name: TRIPLE CROWN TRAILERS, INC.

Current Principal Place of Business:

4251 S.PINE AVE.
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

4251 S.PINE AVE.
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-2990865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORICK, LINDA L
7255 SW 99TH STREET
OCALA, FL 34476 US

Name and Address of New Registered Agent:

LORICK, LINDA L
631 SE 47TH LOOP
OCALA, FL 34480 US

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

01/19/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LORICK, ERNEST M.,
Address: 7255 SW 99TH STREET
City-St-Zip: Ocala, FL 34476

Title: TD () Delete
Name: LORICK, LINDA L
Address: 7255 SW 99TH STREET
City-St-Zip: Ocala, FL 34476

Title: VD () Delete
Name: LORICK, MARTY L
Address: 5952 NE 62ND COURT, RD
City-St-Zip: SILVER SPRINGS, FL 34488

Title: SD () Delete
Name: LORICK, JENNIFER A
Address: 5952 NE 62ND COURT ROAD
City-St-Zip: SILVER SPRINGS, FL 34488

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LORICK, ERNEST M.,
Address: 631 SE 47TH LOOP
City-St-Zip: Ocala, FL 34480

Title: TD (X) Change () Addition
Name: LORICK, LINDA L
Address: 631 SE 47H LOOP
City-St-Zip: Ocala, FL 34480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO () Change (X) Addition
Name: COLLIER, DANIEL J
Address: 726 S.E. 4TH STREET
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTY L. LORICK

Electronic Signature of Signing Officer or Director

VP

01/19/2007

Date