

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90421 036 ***150.00



DOCUMENT # L99656
 1. Entity Name
TRIPLE C SERVICES, INC.

Principal Place of Business Mailing Address
 2040 NW 40TH COURT 2040 NW 40TH COURT
 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064



2. Principal Place of Business 3. Mailing Address
2040 NW 40TH COURT #1 **2040 NW 40TH COURT #1**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
DEERFIELD BEACH FL 33064 **DEERFIELD BEACH FL**
 Zip Country Zip Country
33064 **BROWARD** **33064** **BROWARD**

4. FEI Number Applied For
65-0215677 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KENNEDY, SYBIL T.
2040 NW 40TH COURT
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
 Name **SYBIL T. KENNEDY**
 Street Address (P.O. Box Number is Not Acceptable)
2040 NW 40TH COURT #1
 City State Zip Code
DEERFIELD BEACH **FL** **33064**

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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	KENNEDY, MICHAEL A., JR.	
STREET ADDRESS	2040 NW 40TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KENNEDY, SYBIL T.	
STREET ADDRESS	2040 NW 40TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KENNEDY, MICHAEL A., SR.	
STREET ADDRESS	2040 NW 40TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, MICHAEL A., JR.	
STREET ADDRESS	2040 NW 40TH COURT #1	
CITY-ST-ZIP	DEERFIELD BEACH FL 33064	
TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, SYBIL T.	
STREET ADDRESS	2040 NW 40TH COURT #1	
CITY-ST-ZIP	DEERFIELD BEACH FL 33064	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, MICHAEL A., SR.	
STREET ADDRESS	2040 NW 40TH COURT #1	
CITY-ST-ZIP	DEERFIELD BEACH FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sybil T. Kennedy 4-11-06 (954)968-0039
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #