

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001635

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** TRIPLE CROWN PROPERTIES, INC.

**Current Principal Place of Business:**

3460 FAIRLANE FARMS RD, STE 15  
WELLINGTON, FL 33414

**New Principal Place of Business:**

3460 FAIRLANE FARMS RD.  
SUITE 15  
WELLINGTON, FL 33414

**Current Mailing Address:**

3460 FAIRLANE FARMS RD, STE 15  
WELLINGTON, FL 33414

**New Mailing Address:**

3460 FAIRLANE FARMS RD.  
SUITE 15  
WELLINGTON, FL 33414

FEI Number: 03-0456410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHINN, JASON T  
3460 FAIRLANE FARMS RD. SUITE 15  
WELLINGTON, FL 33414 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHINN, JASON T  
Address: 3460 FAIRLANE FARMS RD. SUITE 15  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: JASON SHINN

PD

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date