

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103294

FILED
Feb 28, 2009
Secretary of State

Entity Name: TRIPLE CROWN SPIRIT CORPORATION

Current Principal Place of Business:

800 8TH STREET, PO BOX 2435
WEST PALM BEACH, FL 33402

New Principal Place of Business:

800 8TH STREET
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

P.O. BOX 2435
WEST PALM BEACH, FL 33402

New Mailing Address:

P.O. BOX 2435
WEST PALM BEACH, FL 33402 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, THOMAS L
800 8TH STREET, PO BOX 2435
WEST PALM BEACH, FL 33402 US

Name and Address of New Registered Agent:

ROBINSON, THOMAS L
800 8TH STREET
WEST PALM BEACH, FL 33401 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

02/28/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOWLER, JUANITA J
Address: PO BOX 2435
City-St-Zip: WEST PALM BEACH, FL 33402

Title: S () Delete
Name: FOWLER, MARY A
Address: PO BOX 2435
City-St-Zip: WEST PALM BEACH, FL 33402

Title: T () Delete
Name: ROBINSON, THOMAS L
Address: PO BOX 2435
City-St-Zip: WEST PALM BEACH, FL 33402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS L. ROBINSON

Electronic Signature of Signing Officer or Director

T

02/28/2009

Date