


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90023 018 ***158.75

DOCUMENT # P03000129293	
1. Entity Name TRIPLE CROWN ROOFING INC	

Principal Place of Business 37625 STATE ROAD 54 ZEPHYRHILLS, FL 33542 US	Mailing Address 37625 STATE ROAD 54 ZEPHYRHILLS, FL 33542 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01242005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0366520	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAULT, LEON R
8647 23RD ST
ZEPHYRHILLS, FL 33540

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Leon R. Nault* **Leon R. Nault** **1-25-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME NAULT, LEON R	
STREET ADDRESS 8647 23RD ST	
CITY-ST-ZIP ZEPHYRHILLS, FL 33540	
TITLE VP	<input type="checkbox"/> Delete
NAME NAULT, BEATRICE	
STREET ADDRESS 8647 23RD ST	
CITY-ST-ZIP ZEPHYRHILLS, FL 33540	
TITLE SEC	<input type="checkbox"/> Delete
NAME VICKERY, STEVEN	
STREET ADDRESS 529 ANTHONY DR	
CITY-ST-ZIP BRANDON, FL 33511	
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 T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MACHADO, ANTHONY	
STREET ADDRESS 4911 North Habana Ave.	
CITY-ST-ZIP TAMPA, FL. 33614	
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 exemption stated in Section 119.07(3)(i), 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: *Leon R. Nault* **Leon R. Nault** **1-25-05** **813-782-0810**
Signature and typed or printed name of signing officer or director Date Daytime Phone #