

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000018838

Entity Name: TRIPLE C STABLES, INC.

FILED  
Apr 20, 2011  
Secretary of State

**Current Principal Place of Business:**

400 BREEZE BY WAY  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

400 BREEZE BY WAY  
SEBRING, FL 33875

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ABLES, CLIFFORD M III  
551 S. COMMERCE AVENUE  
SEBRING, FL 33870 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: P  
Name: CRUTCHFIELD, TERRI L  
Address: 400 BREEZE BY WAY  
City-St-Zip: SEBRING, FL 33875

Title: VP  
Name: CRUTCHFIELD, TERRI L  
Address: 400 BREEZE BY WAY  
City-St-Zip: SEBRING, FL 33875

Title: ST  
Name: CRUTCHFIELD, TERRI L  
Address: 400 BREEZE BY WAY  
City-St-Zip: SEBRING, FL 33875

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: TERRI CRUTCHFIELD

P

04/20/2011

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

\_\_\_\_\_  
Date