

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106783

FILED
Apr 30, 2005
Secretary of State

Entity Name: TRIPLE CROWN VALET, INC.

Current Principal Place of Business:

1000 WINDERLY PLACE, TOWN HOUSE 5
MAITLAND, FL 32751

New Principal Place of Business:

1000 WINDERLEY PLACE, TOWN HOUSE 5
MAITLAND, FL 32751

Current Mailing Address:

1000 WINDERLY PLACE, TOWN HOUSE 5
MAITLAND, FL 32751

New Mailing Address:

1000 WINDERLEY PLACE, TOWN HOUSE 5
MAITLAND, FL 32751

FEI Number: 59-3487923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLPE, KRISTIAN
1000 WINDERLY PLACE, TOWN HOUSE 5
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

STOLPE, KRISTIAN
1000 WINDERLEY PLACE, TOWN HOUSE 5
MAITLAND, FL 32751 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

04/30/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: STOLPE, KRISTIAN
Address: 1000 WINDERLY PLACE, TOWN HOUSE 5
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: HENNESSEE, JOSH
Address: 1000 WINDERLEY PL. STE. 5
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: STOLPE, KRISTIAN
Address: 1000 WINDERLEY PLACE, TOWN HOUSE 5
City-St-Zip: MAITLAND, FL 32751

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRISTIAN STOLPE

Electronic Signature of Signing Officer or Director

PRES

04/30/2005

Date