

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106783

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1000 WINDERLEY PL  
#5  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1000 WINDERLEY PL  
#5  
MAITLAND, FL 32751

**New Mailing Address:**

330 SPRING LAKE HILLS DRIVE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 59-3487923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENNESSEE, JOSHUA  
1000 WINDERLEY PL  
#5  
MAITLAND, FL 32751 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: STOLPE, KRISTIAN  
Address: 911 37TH ST.  
City-St-Zip: ORLANDO, FL 32806

Title: VP  
Name: HENNESSEE, JOSHUA  
Address: 330 SPRING LAKE HILLS DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JOSHUA HENNESSEE

VP

04/30/2012

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

\_\_\_\_\_  
Date