## 2006 FOR PROFIT CORPORATION

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## ANNUAL REPORT **DOCUMENT # S93143**

TRIPLE CROWN REALTY OF OCALA, INC.

1. Entity Name

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## Apr 21, 2006 8:00 am Secretary of State

04-21-2006 90107 025 \*\*\*150.00

TIMIFEL	CROWN REALTY OF OUR	ALM, INC.									
1740 E SLIVER SPRINGS BLVD 1		Mailing Address 1740 E SLIVER SPR OCALA, FL 34470	1740 E SLIVER SPRINGS BLVD			4(	1056602				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			006	Chg-P	21011 210	34 (11/05)		
City & State		City & State	City & State		4. FEI	Numbe			ļ	plied For	
Zip	Zip Country		Country				of Status Desired		\$8.75 Add	litional	
	6. Name and Address of Currer	nt Registered Agent			7. Nan	e and	Address of New R	egistered /	Agent		
JOHN PLUNKETT 1740 E SILVER SPRINGS BLVD OCALA, FL 34470				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
			City					FL	Zip Cod	e	
	named entity submits this statement ions of registered agent.	for the purpose of changing	its registe	red office or re	egistered agent	or bot	h, in the State of Flo	orida. Lam	familiar with,	and accept	
SIGNATURE.	Signature. typod or printed name of registered age	ent and tille if applicable. (	NOTE, Rogister	en Agent vignature	a required when reinst	iting)		DATE	_		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550		9. Election Campaign Financing \$ Trust Fund Contribution.			Be s					
10.	OFFICERS AN	D DIRECTORS	11		ADDI"	10NS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATHLEEN PLUNKETT 7302 SE 12 CIR OCALA, FL 34480	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLUNKETT, JOHN 5383 SW 15TH AVE OCALA, FL 34480	☐ Delete							□ Change	☐ Addition	
TITLENAME STREET ADDRESS CHY-SI-ZIP	SPLUNKETT, MAUREEN 8140 N.W. 48TH LANE OCALA, FL	☐ Delete							Change	Addition	
TITLE		☐ Delete	TIT	LE					Change	Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the feetiver or trustage empowered is 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.

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CHTY-ST-ZIP

SIGNATURE:

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPE

4-16-06

☐ Change

Change

Addition

Addition