


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90036 009 \*\*\*150.00

<b>DOCUMENT # P02000018605</b>					
1. Entity Name <b>TRIPLE H SEPTIC &amp; SEWER, INC.</b>					
Principal Place of Business <b>7740 S GEORGE BLVD SEBRING, FL 33875</b>			Mailing Address <b>PO BOX 1207 SEBRING, FL 33871-1207</b>		
2. Principal Place of Business <b>7756 S. GEORGE BLVD.</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>01-0608997</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HARRIS, RANDAL M 7740 S GEORGE BLVD SEBRING, FL 33875</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>7756 S. GEORGE BLVD.</b>		
			City		Zip Code
			<b>FL</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HARRIS, RANDAL</b>	NAME			
STREET ADDRESS	<b>7740 S GEORGE BLVD</b>	STREET ADDRESS	<b>3117 ELAINE DRIVE.</b>		
CITY-ST-ZIP	<b>SEBRING, FL 33875</b>	CITY-ST-ZIP			
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HARRIS, RANDAL M</b>	NAME			
STREET ADDRESS	<b>3117 ELAINE DR.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LORIDA, FL 33857</b>	CITY-ST-ZIP			
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HARRIS, RANDAL M</b>	NAME			
STREET ADDRESS	<b>3117 ELAINE DR.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LORIDA, FL 33857</b>	CITY-ST-ZIP			
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LOVETT, LORI M</b>	NAME			
STREET ADDRESS	<b>1180 ARBUCKLE BRANCH RD.</b>	STREET ADDRESS	<b>1150 ARBUCKLE BRANCH RD.</b>		
CITY-ST-ZIP	<b>SEBRING, FL 33870</b>	CITY-ST-ZIP			
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HARRIS, RANDAL M</b>	NAME			
STREET ADDRESS	<b>3117 ELAINE DR.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LORIDA, FL 33857</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Randal M. Harris</u>			<u>1/21/04</u>		<u>863-385-1815</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>