

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90074 013 ***158.75

DOCUMENT # M60432

1. Entity Name

TRIPLE R AUTO BROKERS, INC.



Principal Place of Business
455 HWY 17 N
EAGLE LAKE FL 33839
US

Mailing Address
455 HWY 17 N
EAGLE LAKE FL 33839
US



2. Principal Place of Business - No P.O. Box #

302 AVE. O S.W.

Suite, Apt. #, etc.

3. Mailing Address

302 AVE. O S.W.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

4. FEI Number

65-0034221

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33880

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE, LARRY
455 HWY 17 N
EAGLE LAKE FL 33839

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

302 AVE. O S.W.

City

WINTER HAVEN

FL

Zip Code

33880

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ROSE, LARRY
455 HWY 17 N
EAGLE LAKE FL 33839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P S T
ROSE, LARRY
302 AVE. O S.W.
WINTER HAVEN, FL. 33880 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

863-299-0808

Daytime Phone #