


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90045 035 \*\*\*150.00

<b>DOCUMENT # 393262</b>	
1. Entity Name <b>TRIPLE "E" SELF-SERVICE WAREHOUSES, INC.</b>	

Principal Place of Business <b>1515 DALE MABRY HWY LUTZ, FL 33548 US</b>	Mailing Address <b>1515 DALE MABRY HWY LUTZ, FL 33548 US</b>
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2. Principal Place of Business <b>25344 Wesley Chapel Blvd</b>	3. Mailing Address <b>25344 Wesley Chapel Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lutz, FL</b>	City & State <b>Lutz, FL</b>
Zip <b>33559</b>	Zip <b>33559</b>
Country <b>USA</b>	Country <b>USA</b>

01232005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1485130</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SCARBOROUGH, BRENDA 1515 DALE MABRY HWY LUTZ, FL 33548</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P EUBANKS, WILLIAM 121 N POST OAKS LANE STE 702 HOUSTON, TX 77024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a power like empowered.

**SIGNATURE:** *Brenda Scarborough* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_