2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 558584

1. Entity Name
TRIANGLE MOBILE HOMES SERVICES, INC.

Principal Place of Business	Mailing Address
5131 WALLER CATFISH TRAIL PLANT CITY, FL 33567	5131 WALLER CATFISH TRAIL PLANT CITY, FL 33567

DO NOT WRITE IN THIS SPACE

04182006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2712616	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLER, GREG
5131 WALLER CATFISH TRAIL
PLANT CITY, FL 33567

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLER, GREG
STREET ADDRESS	5131 WALLER CATFISH TRAIL
CITY-ST-ZIP	PLANT CITY, FL 33567

TITLE	
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05/08/06-80033-012 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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: _____Greg Waller (Pres.)___ 4-25-06 ___813 503-3044___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #