

**2006 FOR PROFIT CORPORATION**  
~~**ANNUAL REPORT (AR)**~~ *Reinstatement*

DOCUMENT # F04000001942  
 1. Entity Name  
 TRIPLETT-KING & ASSOCIATES, INC.



**FILED**

06 NOV 13 PH 1:35

Principal Place of Business  
 114 E. MAIN STREET, STE. 102  
 ROCKHILL SC 29730

Mailing Address  
 PO BOX 70  
 ROCK HILL SC 29731



2. Principal Place of Business  
 114 E. Main Street  
 Suite, Apt. #, etc. Suite 102

3. Mailing Address  
 PO Box 70  
 Suite, Apt. #, etc. -

1st MOORE CR2E034 (10/05)

City & State  
 Rock Hill SC

City & State  
 Rock Hill SC

Zip  
 29730

Country  
 US

Zip  
 29731

Country  
 US

4. FEI Number 56-2036180 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BINNEY, BRYCE  
 502 SOUTH FREMONT AVE. APT 701  
 TAMPA FL 33606

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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]* DATE 11/1/2006

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KING, W. MERRITT 114 E. MAIN ST. STE. 102 ROCK HILL SC 29730	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TRIPLETT, JAMES E P.O. BOX 769 CHESTER SC 29706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	500080148425 09/25/06--01053--002 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	500080148425 10/12/06--01069--003 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT** *OK*

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]* DATE 9-12-06 DAYTIME PHONE # 8039801025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR