2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2005 8:00 am Secretary of State

DOCUMENT # H15891						01-25-2005 90058 034 ***150.00						
1. Entity Name TRIANGLE CONSTRUCTION ROAD BUILDING, INC.							·•					
												
Principal Place		-		3								
5437 STAR AVE. 5437 STAR AVE									5	0006416	3	
PANAMA UITY,	, FL 324U4		PANAMA CITY, FL	. 32404								
Principal Place of Business												
,		·····					i (2019)) Bia	I IIIMBI MULAK KAKUA I		NIRUS BIRILI BIRILI BIRIS		
Suite, Apt. #. etc.			Suite, Apt. #, etc.				01172005	Chg-P	. С	R2E034 (10/03)		
City & State			City & State				4. FEI Number		Applied For Not Applicable			
Zip	Country		Zip Cou		untry		59-2434470 6. Certificate of Status Desired			\$8.75 Additional		
	6. Name and Ac	dress of Curren	t Registered Agent	Registered Agent			Fee Required 7. Name and Address of New Registered Agent					
14470 141		Name Names H Street Address (P.O. Box Number is Not Acceptable)										
MAYO, JANE D. STAR AVE AND U.S. HWY 231									table)			
PANAMA CITY, FL 32404					54	37	STAR	Ave		···		
					City				······	FL Zip Code	<u>.</u>	
8. The above r	named entity submit	is this statement t	for the purpose of chang	ing its register	ed office or	register	ed agent, or bo	th in the State	of Florida	TL		
the obligation	ons of registered ag	ent.				· · · · · · · · · · · · · · · · · · ·	oo agom, or oo	at,	51110.102.		and accept	
SIGNATURE	ignature, typed or printed	Kouse	t and title if annicative	/NOTE: Begisters	ed Acent classes	ta tamikad	when reinstating)		<u>- 1/8</u>	- 2088-		
0	1			(INCIE REGISER	a Age 4 ag agus		with the state of the	······				
FILE After Ma	NOW!!! FEE I	8 \$150.00 will be \$550		ampaign Fina: Contribution.	ncing	\$5. Adda	00 May Be ed to Fees					
10.		OFFICERS AND	D DIRECTORS	11.			ADDITIONS,	CHANGES TO	OFFICER	S AND DIRECTOR	S IN 11	
1 ' 1	DOME MANEO		☐ Deleta		Ε.	D.P	is, T			Change _	*****	
1 1	ROWE, JAMES H RT 2 BOX 98-A				Æ EET ADDRESS	543	7 Star	Ave				
·	COTTONDALE,		/-SI-ZIP	PA	nama	City.	FI	32404				
TITLE NAME			☐ Delete	: TITL						☐ Change	☐ Addition	
STREET ADDRESS				STR	EET ADDRESS							
CITY-ST-2IP TITLE	***************************************		/-SI-ZIP	 				C Chance	T take			
NAME	6		☐ Defets	NAN	_					☐ Change	Addition	
- Street Address - City-St-Zip	-		eet address ^ ' /-st-zip									
TITLE		,	☐ Delete							☐ Change	☐ Addition	
name Street address				NAN	AE EET ADDRESS							
CITY-ST-ZIP				9	(-ST-2:P						•	
TITLE			Defete	1	j					☐ Change	Addition	
NAME STREET ADDRESS				NAA STR	AE EET ADDRESS							
CITY-ST-ZIP					/- ST-ZIP							
TITLE NAME			C Delete	TITL NAM	-					Change	Addition	
STREET ADDRESS				STR	EEI ADDRESS							
12. I hereby ce	ertify that the Inform	ation supplied wit	th this filing does not out	alify for the eye	r-ST-ZiP	ed in Se	ction 119 07/2V	i) Florida State	the I forth	or cortify that the in	formation	
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.												
cnanged, o	or on an altachmeni	with an address.	, with all other like empoi ?	wered.							•	
SIGNATI	JRE: Ya	TURE AND TYPES OR	PRINTED NAME OF SIGNING O	FFICER OR DIREC	TOR		/	- 18 - E	L005	Duytime Phone #		