
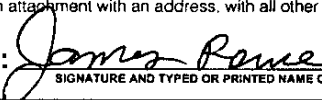


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90001 045 \*\*\*150.00

<b>DOCUMENT # H15891</b> 1. Entity Name <b>TRIANGLE CONSTRUCTION ROAD BUILDING, INC.</b>					
Principal Place of Business <b>5437 STAR AVE. PANAMA CITY, FL 32404</b>			Mailing Address <b>5437 STAR AVE. PANAMA CITY, FL 32404</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROWE, JAMES H</b> <b>5437 STAR AVE</b> <b>PANAMA CITY, FL 32404</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE - NAME	DPST MAYO, JANE D	<input checked="" type="checkbox"/> Delete	TITLE - NAME	DPST James H ROWE <span style="float: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</span>	
STREET ADDRESS	5487 STAR AVE		STREET ADDRESS	5437 Star Ave	
CITY - ST - ZIP	PANAMA CITY, FL 32404		CITY - ST - ZIP	Panama City FL 32404	
TITLE - NAME		<input type="checkbox"/> Delete	TITLE - NAME	DVP Sandra J ROWE <span style="float: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</span>	
STREET ADDRESS			STREET ADDRESS	5437 Star Ave	
CITY - ST - ZIP			CITY - ST - ZIP	Panama City FL 32404	
TITLE - NAME		<input type="checkbox"/> Delete	TITLE - NAME	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Delete	TITLE - NAME	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Delete	TITLE - NAME	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> 			2-9-2006 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

60015100



02092006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2434470** Applied For Not Applicable

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