

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90010 043 ***150.00

DOCUMENT # H63324

1. Entity Name
TRIPLE CROWN SYSTEMS, INC.



Place of Business
**7398 SEMINOLE BLVD
SEMINOLE, FL 34642**

Mailing Address
**3264 TYRONE BLVD
ST PETE, FL 33710**

2. Principal Place of Business

3264 Tyrone Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Pete, FL

City & State

Zip Country

33710

Pinellas

6. Name and Address of Current Registered Agent

**STONIK, DENISE M
7398 SEMINOLE BLVD
SEMINOLE, FL 34642**

Name

Denise Stonik

Street Address (P.O. Box Number is Not Acceptable)

3264 Tyrone Blvd

St. Pete, FL

City

33710

FL

Zip Code

03222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2637938

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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

Denise Stonik

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-22-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
STONIK, DENISE M.
15535 REDINGTON DR
REDINGTON BCH, FL** ☐ Delete

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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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 information.

SIGNATURE:

Denise Stonik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04 727-341-0882
Date Daytime Phone #