

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90048 049 \*\*\*150.00

DOCUMENT # J21672

1. Entity Name

TRIPLE A. DAIRY, INC.



Principal Place of Business

RT. 1 BOX 5230  
P.O. DRAWER 640  
GLEN ST. MARY FL 32040

Mailing Address

RT. 1 BOX 5230  
P.O. DRAWER 640  
GLEN ST. MARY FL 32040

50016452



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

12531 W. Confederate Dr

Suite, Apt. #, etc.

P.O. Drawer 640

City & State

Glen St. Mary, FL

Zip

32040-0640

3. Mailing Address

Suite, Apt. #, etc.

City & State

Glen St. Mary, FL

Zip

Country

32040-0640

4. FEI Number

59-2685727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, THOMAS J.  
12531 W. CONFEDERATE DR  
GLEN SAINT MARY FL 32040-3875

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, 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, THOMAS J.	
STREET ADDRESS	12531 W. CONFEDERATE DRIVE	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040-3875	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, PHILLIP J	
STREET ADDRESS	8925 PINE TAP RD	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	Adams, Thomas J.	
STREET ADDRESS	12531 W. Confederate Drive	
CITY-ST-ZIP	Glen Saint Mary, FL 32040-3875	
TITLE	Pres	<input checked="" type="checkbox"/> Delete
NAME	Adams Sr, Phillip J.	
STREET ADDRESS	8975 Pine Top Rd	
CITY-ST-ZIP	Glen St Mary, FL 32040	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Adams Robert E.	
STREET ADDRESS	12531 W. Confederate Drive	
CITY-ST-ZIP	Glen St Mary, FL 32040-3875	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Adams, William E	
STREET ADDRESS	8462 Okay Lane	
CITY-ST-ZIP	Glen St. Mary, FL 32040	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams, Thomas J.	
STREET ADDRESS	12531 W. Confederate Dr	
CITY-ST-ZIP	Glen St Mary, FL 32040-3875	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams Sr, Phillip J.	
STREET ADDRESS	8975 Pine Top Rd	
CITY-ST-ZIP	Glen St Mary, FL 32040	
TITLE	V/A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adams, William E.	
STREET ADDRESS	8462 Okay Lane	
CITY-ST-ZIP	Glen St Mary, FL 32040	
TITLE	V/A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adams, Robert E.	
STREET ADDRESS	12531 W. Confederate Dr	
CITY-ST-ZIP	Glen St Mary, FL 32040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE

Thomas J. Adams

2-10-05

904259-4374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #