

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # J73106
 1. Entity Name
 TRIPLETT AND COMPANY, C.P.A.'S, P.A.



Principal Place of Business: 2630-B N.W. 41ST ST. P.O. BOX 7009 GAINESVILLE, FL 32605
 Mailing Address: 2630-B N.W. 41ST ST. P.O. BOX 7009 GAINESVILLE, FL 32605



01262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2810845
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TRIPLETT, THOMAS E., JR
 2046 NW 18TH LANE
 GAINESVILLE, FL 32605

DO NOT WRITE IN THIS SPACE

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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRIPLETT, THOMAS E., JR
STREET ADDRESS	2046 NW 18TH LANE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	TRIPLETT, LINDA F.
STREET ADDRESS	2046 NW 18TH LANE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000862464
 04/03/08-80050-019-150.00

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.

SIGNATURE: Linda F Triplett Linda F Triplett 3/9/08 352-378-4126
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone