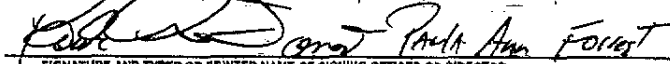


Apr. 28. 2005 2:53PM

No. 3369 P. 2/3

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # J75088					
1. Entity Name TRIPLE A PROPERTIES, INC.					
Principal Place of Business 2500 DUNDEE RD WINTER HAVEN, FL 33884-1015 US			Mailing Address 2500 DUNDEE RD WINTER HAVEN, FL 33884-1015 US		
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 FORREST, PAULA A 2500 DUNDEE ROAD WINTER HAVEN, FL 33884				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  DATE 4-25-05					
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-stating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ADAMS, THOMAS E.		NAME		
STREET ADDRESS	1855 OVERLOOK DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ADAMS, DANIEL J.		NAME		
STREET ADDRESS	2530 PARTRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FORREST, PAULA A		NAME		
STREET ADDRESS	3944 CYPRESS LANDING, W.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
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 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:  DATE 4-25-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



04282005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2871339Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**U00000347219
04/30/05-80106-024 150.00