

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 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**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2871339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FORREST, PAULA A
2500 DUNDEE ROAD
WINTER HAVEN, FL 33884**

**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 Paula A. Forrest

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ADAMS, THOMAS E.
STREET ADDRESS	1855 OVERLOOK DR
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	STD
NAME	ADAMS, DANIEL J.
STREET ADDRESS	2530 PARTRIDGE DR
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	PD
NAME	FORREST, PAULA A
STREET ADDRESS	3944 CYPRESS LANDING, W.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80077-022 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06

Date

863-324-4576

Daytime Phone #