

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J83780**

1. Entity Name  
**TRIPLE C COMPUTER CONSULTANTS, INC.**



Principal Place of Business  
**216 MONTANA AVE  
NOKOMIS, FL 34275 US**

Mailing Address  
**P.O. BOX 515, N/A  
NOKOMIS, FL 34274 US**



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2826045**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CAMPION, NORMAN J.  
216 MONTANA AVENUE  
NOKOMIS, FL 34275**

**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

*Norman J. Campion*

(NOTE: Registered Agent signature required when reinstating)

DATE

*17 Jan 2007*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	CAMPION, NORMAN J.
STREET ADDRESS	216 MONTANA AVENUE
CITY-ST-ZIP	NOKOMIS, FL
TITLE	VS
NAME	CAMPION, KATHLEEN J.
STREET ADDRESS	216 MONTANA AVENUE
CITY-ST-ZIP	NOKOMIS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000582795  
01/22/07-80006-012 158.75

**DO NOT WRITE  
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:**

*Norman J. Campion*  
**Norman J. Campion**  
President

Date

Daytime Phone #

*17 Jan 07 (941) 493-6992*