



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

| | |
|--|--|
| 4. FEI Number 59-2826045 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT CAMPION, NORMAN J. 216 MONTANA AVENUE NOKOMIS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CAMPION, KATHLEEN J. 216 MONTANA AVENUE NOKOMIS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MCGIRR, JAMES 722 SURARWOOD WAY VENICE, FL 34292 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LITZLER, JEFFREY S. 1324 GUARDIAN DRIVE VENICE, FL 34292 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000736078
01/29/08-80018-004 158.75

**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 1/17/2008 (941) 493-6992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #