## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 09, 2008 08:00 AN Secretary of State DOCUMENT # K58439 1. Entity Name TRIPLE "R" COMMERCIAL CONTRACTING, INC. Principal Place of Business Mailing Address 1707 EVANS DR S 1707 EVANS DR S JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 01062008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied Fo 59-2921664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RHODES, RUSSELL L PRES 1707 EVANS DR. SOUTH JACKSONVILLE BEACH, FL 32250 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when rematating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE 000000776007 01/09/08-80007-006 150.00 RHODES, RUSSELL L PRES NAME STREET ADDRESS 1707 EVANS DR. SOUTH CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 TITLE RHODES, LYDIA A NAME STREET ADDRESS 1707 EVANS DR S CITY+ST- AP JACKSONVILLE BEACH, FL 32250 TITLE STREET ADDRESS CHY-ST-ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CHY-ST-ZIP

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 attachmept with an address, with all other like empowered.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF BIGNAND OFFICER OR DIRECTOR DELECTOR DELECT