

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004771

FILED
Feb 12, 2010
Secretary of State

Entity Name: TRIPLE A+ INC.

Current Principal Place of Business:

207 WEST SIXTH STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1616 SILVER STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 80-0409195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LA' TRICE L
1616 SILVER STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WILLIAMS, LA' TRICE L
Address: 1616 SILVER STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DIR
Name: WILLIAMS, JEREMIAH SR.
Address: 12101 NORTH DALE MABRY HIGHWAY #807
City-St-Zip: TAMPA, FL 33618

Title: DIR.
Name: WILLIAMS, JARED M
Address: 10411 BRIARCLIFF SOUTH ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: DIR
Name: WILLIAMS, BURDETTE E II.
Address: 3754 VERDA GARDEN CIRCLE
City-St-Zip: JACKSONVILLE, FL 32218

Title: DR
Name: WILLIAMS, CALEB L
Address: 1616 SILVER STREET
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LA' TRICE WILLIAMS

PRES

02/12/2010

Electronic Signature of Signing Officer or Director

Date