

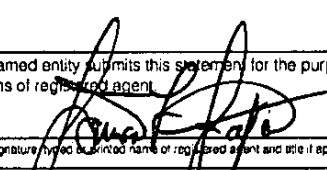
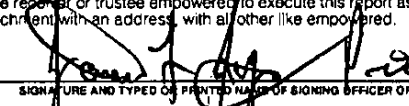


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-21-2005 90001 021 ***150.00
P00000070870

DOCUMENT # P00000070870 1. Entity Name TRITON ELECTRIC COMPANY						FILED 05 JUL -6- AM 9:12 ATLANTA, FLORIDA			
Principal Place of Business 8011 MONTEREY DRIVE A-7 RIVIERA BEACH, FL 33404				Mailing Address P.O. BOX 1608 LAKE WORTH, FL 33460					
2. Principal Place of Business		3. Mailing Address		05122005 Chg-P CR2E034 (10/03)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-1027960				Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent JOYCE, JAMES 6520 N OCEAN BLVD, UNIT 37 OCEAN RIDGE, FL 33435				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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:  _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>									
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES JOYCE, JAMES F P.O. BOX 1608 LAKE WORTH, FL 33460			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), 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 reporter 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____		Daytime Phone # _____			