

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91027 005 ***150.00

DOCUMENT # P00000089086

1. Entity Name

TRIPLE M TRANSPORTATION, INC.



Principal Place of Business

**2241B WHITE PINES CIR.
W. PALM BCH FL 33415**

Mailing Address

**2241B WHITE PINES CIR.
W. PALM BCH FL 33415**

2. Principal Place of Business

5711 NW Zenith Drive

3. Mailing Address

5711 NW Zenith Drive

Suite, Apt. #, etc.

Port St. Lucie Fl.

Suite, Apt. #, etc.

Port St. Lucie Fl.

City & State

34986 USA

City & State

34986 USA

Zip

Country

Zip

Country

4. FEI Number

65-1041207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCINTOSH, PATRICK
2241B WHITE PINES CIR.
W. PALM BCH FL 33415**

7. Name and Address of New Registered Agent

Name **Patrick McIntosh**

Street Address (P.O. Box Number is Not Acceptable)

5711 NW Zenith Drive

Port St. Lucie

City

FL

Zip Code

34986

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCINTOSH, PARICK**
STREET ADDRESS **2241B WHITE PINES CIR.**
CITY-ST-ZIP **W. PALM BCH FL 33415**

TITLE **D** ☐ Delete
NAME **MCINTOSH, HEATHER**
STREET ADDRESS **2241B WHITE PINES CIR.**
CITY-ST-ZIP **W. PALM BCH FL 33415**

TITLE **_____** ☐ Delete
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

TITLE **_____** ☐ Delete
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

TITLE **_____** ☐ Delete
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

TITLE **_____** ☐ Delete
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **_____** ☐ Change ☐ Addition
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

TITLE **_____** ☐ Change ☐ Addition
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

TITLE **_____** ☐ Change ☐ Addition
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

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CITY-ST-ZIP **_____**

TITLE **_____** ☐ Change ☐ Addition
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

TITLE **_____** ☐ Change ☐ Addition
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-04