


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90055 008 ***158.75

DOCUMENT # P00000095178	
1. Entity Name TRIANGLE CONSTRUCTION COMPANY, INC.	

Principal Place of Business 333 SO. PINEAPPLE AVE. SARASOTA, FL 34236	Mailing Address 333 SO. PINEAPPLE AVE. SARASOTA, FL 34236
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30013433

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1064641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HANKIN, LAWRENCE M 2033 MAIN ST., #400 SARASOTA, FL 34237	

7. Name and Address of New Registered Agent	
Name <u>Peter Laughlin</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>333 S. Pineapple Ave.</u>	
City <u>Sarasota</u>	FL Zip Code <u>34236</u>

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 <u>[Signature]</u>	DATE <u>1-6-05</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	LAUGHLIN, PETER J
STREET ADDRESS	333 S PINEAPPLE AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	<input type="checkbox"/> Delete
NAME	VPS
STREET ADDRESS	LAUGHLIN, DUANE G
CITY-ST-ZIP	2415 RIVER RIDGE DRIVE
TITLE	<input type="checkbox"/> Delete
NAME	T
STREET ADDRESS	LAUGHLIN, PATRICIA
CITY-ST-ZIP	333 S PINEAPPLE AVE
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u>	DATE <u>1-6-05</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE <u>1-6-05</u> Daytime Phone # <u>941-365-8880</u>	
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