

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000063396

1. Entity Name  
TRIPLE CCONSTRUCTION, INC.



Principal Place of Business  
PO BOX 915  
WOODVILLE, FL 32365-0915

Mailing Address  
PO BOX 915  
WOODVILLE, FL 32365-0915

FILED

04 JAN -6 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3727486

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARDIN, MARLIN  
9163 TAFF RD.  
TALLAHASSEE, FL 32311

DO NOT WRITE  
IN THIS SPACE

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

500028003945  
02/02/04--01031--012 \*\*158.75

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CARDIN, MARLIN  
STREET ADDRESS 9163 TAFF RD  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE D  
NAME CARDIN, RAY  
STREET ADDRESS 9044 TAFF RD  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE D  
NAME CARDEN, WILLIAM  
STREET ADDRESS 9550 WAKULLA SPRINGS RD  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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 #

1-6-04