2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCÚMENT # P01000063396

TRIPLE CCCONSTRUCTION, INC.

Principal Place of Business

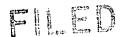
PO BOX 915

WOODVILLE, FL 32365-0915

Mailing Address

PO BOX 915

WOODVILLE, FL 32365-0915



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

6. Name and Address of Current Registered Agent

CARDIN, MARLIN 9163 TAFF RD. TALLAHASSEE, FL 32311

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| 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)

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 2/02/04--01031--012 **158.75

OFFICERS AND DIRECTORS 10. TITLE CARDIN, MARLIN NAME STREET ADDRESS 9163 TAFF RD CITY-ST-ZIP TALLAHASSEE, FL 32305 TITLE CARDIN, RAY NAME STREET ADDRESS 9044 TAFF RD CITY-ST-7IP TALLAHASSEE, FL 32305 TITLE NAME CARDEN, WILLIAM STREET ADDRESS 9550 WAKULLA SPRINGS RD TALLAHASSEE, FL 32305 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR