


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 29, 2005 08:00 AM
Secretary of State

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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDIN, MARLIN 9163 TAFF RD TALLAHASSEE, FL 32305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDIN, RAY 9044 TAFF RD TALLAHASSEE, FL 32305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDEN, WILLIAM 9550 WAKULLA SPRINGS RD TALLAHASSEE, FL 32305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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>Marlin Cardin / Marlin Cardin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-27-05</u> Daytime Phone # <u>850-508-8825</u>



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3727486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000203334
01/29/05-80025-017 150.00

**DO NOT WRITE
IN THIS SPACE**