

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000063396

1. Entity Name
TRIPLE CCCONSTRUCTION, INC.



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

Mailing Address
PO BOX 915
WOODVILLE, FL 32365-0915

APPROVAL
AND
FILED

06 FEB 23 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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	

100067328031
03/07/06--01060--013 **150.00

DO NOT WRITE
IN THIS SPACE

K. Eckel FEB 23 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marlin Cardin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06 850-508-8825
Date Daytime Phone #