

**2008 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

FILED

2008 FEB 21 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	

600119106546
02/29/08--01010--019 **150.00

**DO NOT WRITE
IN THIS SPACE**

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

2-15-08 850-508-8825
Date Daytime Phone #

2/21/08