

PO20000091910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

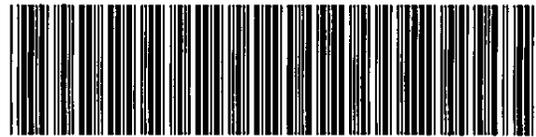
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRIPLE P ENTERPRISES INC
(Name of Corporation)

DOCUMENT NUMBER: PD2000091910

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY P. PHILLIPS
(Name of Person)

TRIPLE P. ENTERPRISES INC
(Name of Firm/Company)

1742 N SINGLETON AVE
(Address)

TITUSVILLE FL 32796
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY P. PHILLIPS at (321) 267-3123 or 321 698 7096
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARY P. PHILLIPS, hereby resign as DIRECTOR (Title)

of TRIPLE P. ENTERPRISES, INC
(Name of Corporation)

P02000091910, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

PLEASE MAKE RESIGNATION EFFECTIVE 12/31/05. I HAVE NOT BEEN INVOLVED WITH OPERATIONS OR BUSINESS DECISIONS FOR QUITE SOME TIME. THE CORPORATION ITSELF HAS BEEN "INACTIVE" SINCE 10/1/04, PER STATE WEBSITE.

Mary P. Phillips
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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