

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02247

FILED
Mar 05, 2004
Secretary of State

Entity Name: TRIPLE T INNS OF ARIZONA, INC.

Current Principal Place of Business:

325 FIFTH AVE
#207
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 33547
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-2026521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOONIN, LAUREN B.
325 FIFTH AVENUE
STE 207
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAUST, CHARLES R
Address: 4116 N. OCEAN DR., #700
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

Title: STD () Delete
Name: KOONIN, LAUREN B
Address: 325 FIFTH AVENUE SUITE 207
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VPD () Delete
Name: THOMPSON, C. W
Address: 325 FIFTH AVE SUITE 207
City-St-Zip: INDIALANTIC, FL 32903 US

Title: AS () Delete
Name: HENDERSON, CHARISSE A
Address: 325 FIFTH AVE. SUITE 207
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VPD () Delete
Name: VOLKERT, LEON H
Address: 4116 N. OCEAN DR., 3700
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: THOMPSON, C. W
Address: 3970 PARKWAY DR.
City-St-Zip: MELBOURNE, FL 32934 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN B. KOONIN

ST

03/05/2004

Electronic Signature of Signing Officer or Director

_____ Date