

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02247

FILED  
Mar 12, 2009  
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: 4747 N. OCEAN DR., #204  
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: 3970 PARKWAY DR.  
City-St-Zip: MELBOURNE, FL 32934 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: 4747 N. OCEAN DR., #204  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated 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 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

STD

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date