2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000009374

1. Entity Name
TRIPLE T OF BREVARD, INC.



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

1630 SEA SHELL DR MERRITT ISLAND, FL 32952 - US - Mailing Address

1630 SEA SHELL DR MERRITT ISLAND, FL 32952

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DO NOT WRITE IN THIS SPACE

05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 85-0487766 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINDS, TROY J 1630 SEA SHELL DR. MERRITT ISLAND, FL 32952

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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 bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000758171 05/23/07-80101-020 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINDS, TROY J 1630 SEA SHELL DR MERRITT ISLAND, FL 32952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				٠	
TITLE NAME STREET ADDRESS					

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 aparties, with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1107

321-302-0854

Daytime Phone