

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90004 003 ***158.75

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|---|---|
| DOCUMENT # P03000012888 |  |
| 1. Entity Name The Triple P. Company Growing Tree | |

DO NOT WRITE IN THIS SPACE

50003545

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| 2. Principal Place of Business 4428 Lafayette St. Suite, Apt. #, etc. Suite B City & State Marianna, FL Zip 32446 Country Jackson | 3. Mailing Address 4428 Lafayette St. Suite, Apt. #, etc. Suite B City & State Marianna, FL Zip 32446 Country Jackson |
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|---------------------------------------|---|-------------------------------|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number 371457024 | Applied For Not Applicable |
| | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | 7. Name and Address of Current Registered Agent | |
| | Name Karen Alane Powell-Prinz Street Address (P.O. Box Number is Not Acceptable) 5146 Presidents Cir. City Marianna FL Zip Code 32446 | |

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

Karen Alane Powell-Prinz
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1-14-05
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
-NO-

| 10. OFFICERS AND DIRECTORS | | | |
|----------------------------|--|----------------|--|
| TITLE P | Karen Alane Powell-Prinz 5146 Presidents Cir. Marianna, FL 32446 | TITLE NAME | |
| NAME | | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| TITLE ✓ | Robert C. Powell 4945 Ford Rd Greenwood, FL 32443 | TITLE NAME | |
| NAME | | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| TITLE T+S | Jane M. Powell 4945 Ford Rd. Greenwood, FL 32443 | TITLE NAME | |
| NAME | | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| TITLE | | TITLE | |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Alane Powell-Prinz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05
Date

Daytime Phone #

CR2E034B (12/02)