

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000012888

1. Entity Name
THE TRIPLE P COMPANY GROWING TREE



Principal Place of Business

**4428 LAFAYETTE ST.
SUITE B
MARIANNA, FL 32446**

Mailing Address

**4428 LAFAYETTE ST.
SUITE B
MARIANNA, FL 32446**

DO NOT WRITE IN THIS SPACE



04182006

No Chg-P

CR2E034 (11/05)

4. FEI Number
37-1457024

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POWELL-PRINZ, KAREN A
5146 PRESIDENT'S CIRCLE
MARIANNA, FL 32446**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
POWELL-PRINZ, KAREN A
5146 PRESIDENT'S CIRCLE
MARIANNA, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
POWELL, ROBERT C
4945 FORD ROAD
GREENWOOD, FL 32443**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
POWELL, JANE M
4945 FORD ROAD
GREENWOOD, FL 32443**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000524389
05/03/06-80111-014 150.00

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IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE:

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

4-16-06

Date

Daytime Phone #