

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 JUN 24 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66023661

DOCUMENT # P03000061108					
1. Entity Name TRIPLE "L" PROPERTY MANAGEMENT, INC.					
Principal Place of Business 4285 21ST STREET SW VERO BEACH, FL 32968			Mailing Address 4285 21ST STREET SW VERO BEACH, FL 32968		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAMM, TROY S 4285 21ST STREET SW VERO BEACH, FL 32968				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
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 sole if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	LAMM, TROY S		NAME		
STREET ADDRESS	4285 21ST STREET SW		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	CEO	☒ Change ☐ Addition
NAME	LAMM, SARAH		NAME		
STREET ADDRESS	650 ANGLE RD		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34947		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: _____			4-29-05 7724617745es		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		

6/24
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