

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90006 029 ***163.75

DOCUMENT # P03000089882

1. Entity Name

TRIPLE A CONSTRUCTION, INC.



Principal Place of Business

**12463 RED MILL COURT
JACKSONVILLE FL 32224**

Mailing Address

**12463 RED MILL COURT
JACKSONVILLE FL 32224**

34070822



MOORE

CR2E034 (4/04)

2. Principal Place of Business

Deval & Supremacy Court
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jax. Fla.

City & State

4. FEI Number

20-01542R

Applied For

Not Applicable

Zip

32224

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANNIS, ART SR.
12463 RED MILL COURT
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name
ART A. Annis Sr. D.B.A. TRIPLE A-CONS. INC.
Street Address (P.O. Box Number is Not Acceptable)
12463 RED MILL CT
City
JACKSONVILLE FL Zip Code
32224

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ANNIS, ART SR.**
STREET ADDRESS **12463 RED MILL COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **VP** ☐ Delete
NAME **ANNIS, ART JR.**
STREET ADDRESS **12463 RED MILL COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **S, T** ☐ Delete
NAME **ANNIS, AUSTIN**
STREET ADDRESS **12463 RED MILL CT**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Art A. Annis Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/04 **386-527-3590**
Date Daytime Phone #