

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000094056

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** TRIPLE O ENTERPRISES OF FLORIDA, INC.

**Current Principal Place of Business:**

6939 OKEECHOOE ROAD  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

6939 OKEECHOOE ROAD  
FORT PIERCE, FL 34945

**New Mailing Address:**

8832 LONESOME PINE TRAIL  
FORT PIERCE, FL 34945

**FEI Number:** 51-0482443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'STEEN, HOWARD L JR  
6939 OKEECHOOE ROAD  
FORT PIERCE, FL 34945 US

**Name and Address of New Registered Agent:**

O'STEEN, HOWARD L JR  
8832 LONESOME PINE TRAIL  
FORT PIERCE, FL 34945 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/14/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: O'STEEN, HOWARD L JR  
Address: 8832 LONESOME PINE TRAIL  
City-St-Zip: FORT PIERCE, FL 34945

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD L O'STEEN JR

PRES

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date