

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096354

FILED  
Mar 28, 2005  
Secretary of State

**Entity Name:** TRIPLE R SEALCOATING AND STRIPING CORP.

**Current Principal Place of Business:**

20902 HIGHPOND LN.  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2097  
DADE CITY, FL 33526 US

**New Mailing Address:**

**FEI Number:** 20-0197220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WYCKOFF, RICHARD E  
20902 HIGHPOND LN  
DADE CITY, FL 33526 US

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

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

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WYCKOFF, RICHARD E  
Address: P.O. BOX 2097  
City-St-Zip: DADE CITY, FL 33526 US

Title: VP ( ) Delete  
Name: TEMPLE, REX A  
Address: P.O. BOX 386  
City-St-Zip: DADE CITY, FL 33526 US

Title: VP ( ) Delete  
Name: FORTIN, REGENT G  
Address: 7031 CARMEL AVE  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WYCKOFF, ELAINE E  
Address: P.O. BOX 2097  
City-St-Zip: DADE CITY, FL 33526 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

**SIGNATURE:** RICHARD E WYCKOFF

P

03/28/2005

Electronic Signature of Signing Officer or Director

Date