

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000108644

1. Entity Name
TRIPLE H CONSTRUCTION, INC.



Principal Place of Business
76 RIVER BLUFF DRIVE
HAVANA, FL 32333

Mailing Address
76 RIVER BLUFF DRIVE
HAVANA, FL 32333

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

2007 APR 11 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04112007 Chg-P CR2E034 (12/06)

4. FEI Number
13-4269122

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARBIN, MICHAEL V
76 RIVER BLUFF DRIVE
HAVANA, FL 32333

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HARBIN, MICHAEL V ☒ Delete
STREET ADDRESS 76 RIVER BLUFF DRIVE
CITY-ST-ZIP HAVANA, FL 32333

TITLE V
NAME HARBIN, JOHN L ☐ Delete
STREET ADDRESS 76 RIVER BLUFF DRIVE
CITY-ST-ZIP HAVANA, FL 32333

TITLE ST
NAME HARBIN, DEBORAH A ☐ Delete
STREET ADDRESS 76 RIVER BLUFF DRIVE
CITY-ST-ZIP HAVANA, FL 32333

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 P ☐ Change ☒ Addition
NAME Deborah A Harbin
STREET ADDRESS 76 River Bluff Dr
CITY-ST-ZIP Havana FL 32333

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

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

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

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

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

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:

Deborah A. Harbin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07
Date

850 562-0699
Daytime Phone #