

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000108644

1. Entity Name

TRIPLE H CONSTRUCTION, INC.



FILED

08 APR 28 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

04282008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

13-4269122

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
\$24/28

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
100126187231
04/28/08--01004--021 **150.00

TITLE
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TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08 8505620699