

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90009 001 \*\*\*150.00

**DOCUMENT # P03000118729**

1. Entity Name

TRIPLE T'S CARETAKING, INC.



Principal Place of Business

2069 FORT DENAUD ROAD  
LABELLE FL 33935

Mailing Address

2069 FORT DENAUD ROAD  
LABELLE FL 33935

24081950



MOORE

CR2E034 (4/04)

2. Principal Place of Business

1875 Ft. Denaud Rd  
Suite, Apt. #, etc.

3. Mailing Address

1875 Ft. Denaud Rd  
Suite, Apt. #, etc.

4. FEI Number

57-1186711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

POLHEMUS, STEVEN J ESQ.  
663 W. COWBOY WAY  
LABELLE FL 33975

7. Name and Address of New Registered Agent

Name Travis Burchard

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

1875 Ft. Denaud Rd

City LaBelle

**FL**

Zip Code 33935

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

Marlene Burchard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/23/04

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 PD ☐ Delete  
NAME BURCHARD, TRAVIS MARTIN SR.  
STREET ADDRESS 2069 FORT DENAUD ROAD  
CITY-ST-ZIP LABELLE FL 33935

TITLE VSTD ☐ Delete  
NAME BURCHARD, MARLENE MARIE SR.  
STREET ADDRESS 2069 FORT DENAUD ROAD  
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition  
NAME Burchard, Travis Martin Sr.  
STREET ADDRESS 1875 Fort Denaud Rd  
CITY-ST-ZIP LaBelle, FL 33935

TITLE VSTD ☒ Change ☐ Addition  
NAME Burchard Marlene Marie  
STREET ADDRESS 1875 Ft. Denaud Rd  
CITY-ST-ZIP LaBelle FL 33935

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlene Burchard PPTD 8/23/04 863-674-4024

Date

Daytime Phone #