


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90049 003 \*\*\*150.00

<b>DOCUMENT # P04000039205</b>			
1. Entity Name <b>TRIPLE R, INC.</b>			
Principal Place of Business <del>5171 NW 82ND TERRACE</del> <del>CORAL SPRINGS, FL 33067</del>		Mailing Address <del>5171 NW 82ND TERRACE</del> <del>CORAL SPRINGS, FL 33067</del>	
2. Principal Place of Business <b>526 N. RIVERSIDE DRIVE</b>		3. Mailing Address <b>526 N. RIVERSIDE DRIVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NEW SMYRNA BEACH, FL</b>		City & State <b>NEW SMYRNA BEACH, FL</b>	
Zip <b>32168</b>	Country	Zip <b>32168</b>	Country
6. Name and Address of Current Registered Agent  <b>ADAMS, NATALIE</b> <b>133 NE 87TH AVENUE</b> <b>CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1333 NW 87 AVENUE</b> City <b>FL</b> 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 <u><i>Natalie Adams</i></u> <b>NATALIE ADAMS</b> <u><i>Public Accountant</i></u> <b>PUBLIC ACCOUNTANT</b> <u><i>3/8/05</i></u> <b>3/8/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBINGER, ROBERT H JR. <del>5171 NW 82ND TERRACE</del> <del>CORAL SPRINGS, FL 33067</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>526 N. RIVERSIDE DRIVE</b> <b>NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>3-11-05</i></u> <small>Date Daytime Phone #</small>	

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03072005 Chg-P CR2E034 (10/03)

4. FEI Number **35-2226493** Applied For Not Applicable

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