


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90016 031 ***150.00

DOCUMENT # P04000039205	
1. Entity Name TRIPLE R, INC.	

Principal Place of Business 526 N RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168	Mailing Address 526 N RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168
--	--

2. Principal Place of Business - No P.O. Box # 1710 TATUM BLVD.	3. Mailing Address 1710 TATUM BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NEW SMYRNA BEACH, FL	City & State NEW SMYRNA BEACH, FL
Zip 32168	Zip 32168
Country USA	Country USA

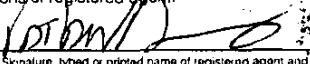
40073340



04082007 Chg-P CR2E034 (12/06)

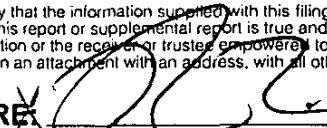
5. Name and Address of Current Registered Agent ADAMS, NATALIE 1333 NW 87TH AVENUE CORAL SPRINGS, FL 33071	
7. Name and Address of New Registered Agent Name NATALIE M. ADAMS Street Address (P.O. Box Number is Not Acceptable) 1333 NW 87 AVE. City CORAL SPRINGS FL Zip Code 33071	

4. FEI Number 35-2226493	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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.	NATALIE M. ADAMS (NOTE: Registered Agent signature required when re-instating) DATE APRIL 9, 2007

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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. 526 N RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT HUBINGER, ROBERT H. JR. 1710 TATUM BLVD. NEW SMYRNA BEACH, FL 32168 <input checked="" 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
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
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 submitted 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	PRESIDENT APRIL 9, 2007 Date