

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90032 013 ***150.00

DOCUMENT # P04000064717 1. Entity Name TRIPLE A-MINOR PRODUCTIONS, INC.					
Principal Place of Business 316 FERN POINTE LANE PENSACOLA, FL 32505 US			Mailing Address 316 FERN POINTE LANE PENSACOLA, FL 32505 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="text-align: right; font-family: monospace; font-size: 1.2em;">26-0084456</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADKINS, BARBARA A 316 FERN POINTE LANE PENSACOLA, FL 32505			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P ADKINS, BARBARA A 316 FERN POINTE LANE PENSACOLA, FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADKINS, ARTHUR A 316 FERN POINTE LANE PENSACOLA, FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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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"/> Delete				
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:		Date 03-22-05 850-484-6993			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			