

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000068823

1. Entity Name
TRIPLE T CONSTRUCTION, INC.



Principal Place of Business
2115 NW 35TH STREET
OCALA, FL 34475

Mailing Address
2115 NW 35TH STREET
OCALA, FL 34475

FILED
Jun 18, 2008 08:00 AM
Secretary of State



06092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1025717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, MICHAEL E ESQUIRE
230 NE 25TH AVE.
SUITE 100
OCALA, FL 34479

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 12, 2008**

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	PRES THOMPSON, GEORGE A III 10060 NW HWY 225A OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, AL 10060 NW HWY 225A OCALA, FL 34482
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U00000953232
06/18/08-80002-020 550.00

**DO NOT WRITE
IN THIS SPACE**

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 # _____