

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096269

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** TRIPLE C HOLDINGS & INVESTMENTS, INC.

**Current Principal Place of Business:**

2704 FORMOSA BLVD  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

2704 FORMOSA BLVD  
KISSIMMEE, FL 34747

**New Mailing Address:**

**FEI Number:** 33-1094878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRINSON, HAYNES E ESQ  
1201 W EMMETT STREET  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COULT, COLIN  
Address: 2704 FORMOSA BLVD  
City-St-Zip: KISSIMMEE, FL 34747

Title: D ( ) Delete  
Name: CAUDILL, DARRYL  
Address: 1381 WOOD LAKE CIRCLE  
City-St-Zip: ST CLOUD, FL 34772

Title: D (X) Delete  
Name: COWLEY, CRAIG  
Address: 5370 ALLIGATOR LAKE RD  
City-St-Zip: ST CLOUD, FL 34772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COULT, LOUISE  
Address: 2704 FORMOSA BLVD  
City-St-Zip: KISSIMMEE, FL 34747

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** COLIN COULT

D

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date