

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000004781

1. Entity Name
TRIPLE T'S GRADING SERVICES, INC.



Principal Place of Business
**1875 FT. DENAUD ROAD
LABELLE, FL 33935**

Mailing Address
**1875 FT. DENAUD ROAD
LABELLE, FL 33935**



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2130249	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

**BURCHARD, TRAVIS M SR.
1875 FT. DENAUD ROAD
LABELLE, FL 33935**

**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 *Travis Burchard* *Travis Burchard President* *4/24/07*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BURCHARD, TRAVIS M SR**
STREET ADDRESS **1875 FT. DENAUD ROAD**
CITY-ST-ZIP **LABELLE, FL 33935**

TITLE **VP**
NAME **BURCHARD, MARLENE M**
STREET ADDRESS **1875 FT. DENAUD ROAD**
CITY-ST-ZIP **LABELLE, FL 33935**

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05/10/07-80036-004 150.00

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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: *Marlene Burchard* *Marlene Burchard* *VP* *4/24/07* *863-674-4092*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #