

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078018

FILED
Mar 19, 2007
Secretary of State

Entity Name: TRIANGLE PALM PARTNERS, INC.

Current Principal Place of Business:

1727 TRIANGLE PALM TERRACE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

1727 TRIANGLE PALM TERRACE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 13-4300196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLUMBIA, JEFFREY R
1727 TRIANGLE PALM TERRACE
NAPLES, FL 34119 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: PD () Delete
Name: COLUMBIA, JEFFREY R
Address: 1727 TRIANGLE PALM TERRACE
City-St-Zip: NAPLES, FL 34119

Title: VT () Delete
Name: VISAGGIO, DEAN
Address: 1727 TRIANGLE PALM TERRACE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VT (X) Change () Addition
Name: VISAGGIO, DEAN
Address: 15662 LEMONFISH DR
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: JEFFREY R. COLUMBIA

PD

03/19/2007

Electronic Signature of Signing Officer or Director

Date