

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083290

FILED  
Jul 30, 2008  
Secretary of State

Entity Name: TRIPLE B INDUSTRIES CORP.

## Current Principal Place of Business:

3921 SE 1ST PLACE  
CAPE CORAL, FL 33904

## New Principal Place of Business:

1217 CAPE CORAL PKWY E  
#338  
CAPE CORAL, FL 33904

## Current Mailing Address:

3921 SE 1ST PLACE  
CAPE CORAL, FL 33904

## New Mailing Address:

1217 CAPE CORAL PKWY E  
#338  
CAPE CORAL, FL 33904

FEI Number: 51-0549600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STINGLEY, WILLIAM M  
3921 SE 1ST PLACE  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

STINGLEY, WILLIAM M  
1217 CAPE CORAL PKWY E  
#338  
CAPE CORAL, FL 33904 US

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:

07/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: STINGLEY, WILLIAM M  
Address: 3921 SE 1ST PLACE  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: STINGLEY, WILLIAM M  
Address: 1217 CAPE CORAL PKWY E #338  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM M STINGLEY

PTSD

07/30/2008

Electronic Signature of Signing Officer or Director

Date