

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90001 003 ***150.00

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1. Entity Name
WWW.TRIPLESCREENMETHOD.COM INC.



Principal Place of Business
**665 SE 10TH STREET
201
DEERFIELD BEACH, FL 33441**

Mailing Address
**665 SE 10TH STREET
201
DEERFIELD BEACH, FL 33441**

40026274



02032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4237656

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DICRESCENZO, ANGELA D
665 SE 10TH STREET
201
DEERFIELD BEACH, FL 33441**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 **TAULMAN, JAMES**
STREET ADDRESS **665 SE 10TH STREET #201**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **VP**
NAME **MILLER, RICHARD**
STREET ADDRESS **9721 QUAIL HOLLOW BLVD**
CITY-ST-ZIP **PENSACOLA, FL 32514**

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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:

James Taulman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2008
Date

Daytime Phone #