

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031273

FILED  
Aug 20, 2007  
Secretary of State

Entity Name: TRIPLE P CONSTRUCTION, INC. OF FLORIDA

**Current Principal Place of Business:**

4391 WILTON STREET  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

4391 WILTON STREET  
MARIANNA, FL 32446

**New Mailing Address:**

FEI Number: 26-0740537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POWELL, DONALD G  
4391 WILTON STREET  
MARIANNA, FL 32446 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: POWELL, GLORIA  
Address: 4391 WILTON STREET  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: POWELL, MICHAEL BRITT  
Address: 18240 VALDOSTA HWY  
City-St-Zip: VALDOSTA, GA 31602

Title: D (X) Delete  
Name: WISER, JOE PAUL  
Address: 3595 NORTHWEST 76TH LANE  
City-St-Zip: JENNINGS, FL 32053

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

Title: PD (X) Change ( ) Addition  
Name: POWELL, GLORIA  
Address: 4391 WILTON STREET  
City-St-Zip: MARIANNA, FL 32446

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

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

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: GLORIA D. POWELL

PD

08/20/2007

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

\_\_\_\_\_  
Date