

2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2007 90077 043 ***150.00
P06000120870

DOCUMENT # P06000120870

1. Entity Name
TRITON TECHNOLOGY GROUP, INC.



FILED

07 OCT 16 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1812 SOUTH HIGHWAY 77
SUITE 115
LYNN HAVEN, FL 32444 US

Mailing Address
1812 SOUTH HIGHWAY 77
SUITE 115
LYNN HAVEN, FL 32444 US

2. Principal Place of Business - No P.O. Box #
420 S. Palo Alto

3. Mailing Address
420 S. Palo Alto

City & State
Panama City, FL

City & State
Panama City, FL

Zip
32401

Zip
32401



REINSTATEMENT 07

4. FBI Number
205571220

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

6. Name and Address of Current Registered Agent
LEMERE, EDWARD B
1812 SOUTH HIGHWAY 77
SUITE 115
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent
Name: Lemere, Edward B
Street Address (P.O. Box Number is Not Acceptable)
420 S. Palo Alto
City: Panama City FL Zip Code: 32401

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 lender with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 10-8-07

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	MAY, MICHAEL J		NAME	MAY, MICHAEL J	
STREET ADDRESS	1812 SOUTH HIGHWAY 77, SUITE 115		STREET ADDRESS	420 S. Palo Alto Ave	
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP	Panama City FL 32401	
TITLE	VP	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	LEMERE, EDWARD B		NAME	LEMERE, EDWARD B	
STREET ADDRESS	1812 SOUTH HIGHWAY 77, SUITE 115		STREET ADDRESS	420 S. Palo Alto Ave	
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP	Panama City FL 32401	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 a listing like empowered.

SIGNATURE: *[Signature]* DATE: 6-30-07 321.591.1042