


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90042 036 \*\*\*150.00

<b>DOCUMENT # P06000122644</b>	
1. Entity Name <b>TRIPLE A PROPERTY MANAGEMENT, INC.</b>	

Principal Place of Business <b>6954 DEER ISLAND ROAD JACKSONVILLE, FL 32244</b>	Mailing Address <b>6954 DEER ISLAND ROAD JACKSONVILLE, FL 32244</b>
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2. Principal Place of Business - No P.O. Box # <b>5514 118th Street</b>	3. Mailing Address <b>P.O. Box 440189</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE, FLORIDA</b>	City & State <b>JACKSONVILLE, FLORIDA</b>
Zip <b>32244</b>	Zip <b>32222-0002</b>
Country <b>USA</b>	Country <b>USA</b>



04262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>51-0600964</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>CAMPOS, FRANK L 6954 DEER ISLAND ROAD JACKSONVILLE, FL 32244</b>		
7. Name and Address of New Registered Agent Name <b>CAMPOS, FRANK L</b> Street Address (P.O. Box Number is Not Acceptable) <b>3844 WESTRIDGE DRIVE</b> City <b>ORANGE PARK</b> FL Zip Code <b>32063</b>		

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 FRANK L. CAMPOS DATE 4-26-7

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CAMPOS, FRANK L 6954 DEER ISLAND ROAD JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3844 WESTRIDGE DRIVE ORANGE PARK, FLORIDA 32063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MALDONADO, SAUL A 8028 BANNOCKBURN DRIVE JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3946 LEATHERWOOD DRIVE ORANGE PARK, FLORIDA 32065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: FRANK L. CAMPOS DATE 4-26-7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR