## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 25, 2008 8:00 am Secretary of State DOCUMENT # P06000146434 04-25-2008 90130 046 \*\*\*150.00 TRIPLE-M-BRICK & STONE YARD, INC. Principal Place of Business Mailing Address 1509 U.S. HIGHWAY 98 1311 COMMERCE LANE LORIDA, FL 33857 #16 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1509 U.S. Highway 98 1509 U.S. Highway 98 Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number Lorida, FLLorida, 20-8917658 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 33857 Fee Required Highlands 33857 Highlands 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIGNONE, LINDA Street Address (P.O. Box Number is Not Acceptable) 1509 U.S. Highway 98 1311 COMMERCE LANE JUPITER, FL 33458 City Lorida 8. The above named entity mits 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 regist Linda Mignone 4/21/08 d applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TATLE Addition MIGNONE, LINDA NAME NAME 1509 U.S. Highway 98 STREET ADDRESS 1311 COMMERCE LANE #16 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Lorida, FL 33857 JUPITER, FL 33458 Delete Change TITLE TITLE ☐ Addition MIGNONE, MICHAEL NAME 1509 U.S. Highway 98 STREET ADDRESS 1311 COMMERCE LANE STE 16 STREET ADDRESS Lorida, FL 33857 CITY - ST - ZIP JUPITER, FL 33458 CITY-ST-ZIP [...] Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition 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 infected 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 addyss, with all precisive empowered.

G OFFICER OR DIRECTOR

←Linda Mignone, President 4/21/08

863-655-1936

Davtime Phone 8

FILED