

**FILED**  
**Jun 19, 2008 8:00 am**  
**Secretary of State**

06-19-2008 90002 004 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P07000009609**

1. Entity Name  
**TRIPLE M TRANSPORT OF NE FLORIDA, INC.**



Principal Place of Business  
**7202 KING STREET  
KEYSTONE HEIGHTS, FL 32656**

Mailing Address  
**7202 KING STREET  
KEYSTONE HEIGHTS, FL 32656**

**40108662**



06122008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-8317106**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DRUMMOND, DONALD L  
263 N TEMPLE AVENUE  
STARKE, FL 32091**

**7. Name and Address of New Registered Agent**

Name **Roy McKinney**  
Street Address (P.O. Box Number is Not Acceptable)

**7202 King St**  
City **Keystone Heights** FL Zip Code **32656**

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: **Roy A. McKinney**

**6-17-08**

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **MCKINNEY, ROY**  
STREET ADDRESS **7202 KING STREET**  
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 all other like empowered.

**SIGNATURE:**

**Roy A. McKinney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-17-08**

Date

Daytime Phone #