

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111870

FILED
Jan 26, 2009
Secretary of State

Entity Name: TRIPLE E EQUIPMENT SALES CORP.

Current Principal Place of Business:

6600 HIGHWAY 70 EAST
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

835 PLAIN STREET
MARSHFIELD, MA 02050

New Mailing Address:

FEI Number: 04-3170836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUCHSWANZ, WILLIAM
6600 HIGHWAY 70 EAST
OKEECHOBEE, FL 34972 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: DPT () Delete
Name: KEEFE, WILLIAM
Address: 91 WALNUT STREET
City-St-Zip: BRAINTREE, MA 02184

Title: DS () Delete
Name: MIELE, PAUL P
Address: 79 FISKE STREET
City-St-Zip: WALHAM, MA 02154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: KEEFE, WILLIAM
Address: 109 THEODORE PARKER
City-St-Zip: BOSTON, MA 02132

Title: DS (X) Change () Addition
Name: MIELE, PAUL P
Address: 78 FISKE STREET
City-St-Zip: WALHAM, MA 02451

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: WILLIAM KEEFE

DPT

01/26/2009

Electronic Signature of Signing Officer or Director

Date