


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000052716

1. Entity Name
 TRIPLE C AND D CORP.



Principal Place of Business
 100 N MISSOURI AVE
 CLEARWATER, FL 33755 US

Mailing Address
 100 N MISS AVE
 CLEARWATER, FL 33755 US



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3192867

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SNEDEKER, C E
 100 N MISSOURI AVE
 CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNEDEKER, CLIFFORD E. 670 ISLAND WAY #1003 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SNEDEKER, DEANNA L. 6700 ISLAND WAY #1003 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNEDEKER, CLINT E. 670 ISLAND WAY #1003 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNEDEKER, CLIFFORD E. II 1001 MALLARD WAY FLOWER MOUND, TX 75028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000317553
 04/20/05-80022-022 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: C.E. Snedeker C.E. Snedeker 4-18-05 727-443-5743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #