


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 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
--	--



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3192867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

U00000525925
05/04/06-80052-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Deanna L. Snedeker* **Deanna L. Snedeker** 4/24/06 727-443-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #