


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000052716</b> 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
--	--

DO NOT WRITE IN THIS SPACE



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3192867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

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

U00000958936

09/03/08-80010-001 150.00

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* **8/27/08** **727-443-5743**

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