2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2005 08:00 AM DOCUMENT # P93000072999 **Secretary of State** 1. Entity Name TRIPLETT ENTERPRISES, INC. Mailing Address Principal Place of Business 5403 RED ROOSTER RD 5403 RED ROOSTER RD PARRISH, FL 34219 PARRISH, FL 34219 02112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0442884 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRIPLETT, ROGER E DO NOT WRITE 5403 RED ROOSTER RD PARRISH, FL 34219 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TRIPLETT, ROGER E NW 5403 RED ROOSTER RD STREET ADDRESS CITY-ST-ZIP PARRISH, FL 34219 TITLE U00000241546 02/24/05-80046-013 150.00 NUME STREET ADDRESS CRY-ST-7IP ME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP mle NAME STREET ADDRESS COY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CITY-ST-ZIP

KINATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

941-737-2374

FILED