


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000072999**  
 1. Entity Name  
 TRIPLETT ENTERPRISES, INC.



Principal Place of Business  
 5403 RED ROOSTER RD  
 PARRISH, FL 34219

Mailing Address  
 5403 RED ROOSTER RD  
 PARRISH, FL 34219



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0442884

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

TRIPLETT, ROGER E  
 5403 RED ROOSTER RD  
 PARRISH, FL 34219

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	D
NAME	TRIPLETT, ROGER E
STREET ADDRESS	5403 RED ROOSTER RD
CITY - ST - ZIP	PARRISH, FL 34219
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY - ST - ZIP	

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 04/06/06-80044-021 150.00

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:  **ROGER E. TRIPLETT** **3/18/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #