## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P93000072999

1. Entity Name TRIPLETT ENTERPRISES, INC.



FILED Jan 26, 2007 08:00 AM Secretary of State

Principal Place of Business

5403 RED ROOSTER RD PARRISH, FL 34219 Mailing Address

5403 RED ROOSTER RD PARRISH, FL 34219



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01192007 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

6. Name and Address of Current Registered Agent

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

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	named entity submits this statement for the plants of registered agent.	surpose of changing its re	egistered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE_	Signature typed or printed name of registered agent and title	(anglicable (NOTE: I	Registered Agent signature	required when reinstating)	DATÉ	-
	agination types of printed years of registered against and and	(10.6)	nogrational regard angulation			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	U00000605468 01/30/07-80037-009 150.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS	D TRIPLETT, ROGER E 5403 RED ROOSTER RD			•		

CITY-ST-ZIP PARRISH, FL 34219 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 of tlustee 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:

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

) 941 737 7374 Davime Phone #