

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000023774

1. Entity Name  
TRIPLE S PLUMBING, INC.



Principal Place of Business  
987 SE SR 100  
KEYSTONE HEIGHTS, FL 32656 US

Mailing Address  
987 SE SR 100  
KEYSTONE HGTS, FL 32656 US



06112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3242938

Applied For  
Not Applicable

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

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

SKINNER, IVAN L  
987 SE SR 100  
KEYSTONE HGTS, FL 32656

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SKINNER, IVAN L
STREET ADDRESS	987 SE SR 100
CITY-ST-ZIP	KEYSTONE HGTS, FL 32656
TITLE	VP
NAME	SKINNER, STEPHEN
STREET ADDRESS	987 SE SR 100
CITY-ST-ZIP	KEYSTONE HGTS., FL 32257
TITLE	VP
NAME	SKINNER, DAVID
STREET ADDRESS	987 SE SR 100
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000953134  
06/16/08-80001-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/2008

Date

352-475-0083

Daytime Phone #