


FILED
Jun 13, 2008 8:00 am
Secretary of State

05-08-2008 90023 044 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000047553 1. Entity Name TRIPLE EEE, INC.	
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Principal Place of Business 1603 S.W. 13TH ST. GAINESVILLE, FL 32608	Mailing Address 1603 S.W. 13TH ST. GAINESVILLE, FL 32608
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DO NOT WRITE IN THIS SPACE

66014140



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3253674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUNTER-EDWARDS, ANGELA 15715 SE 58TH TERR. MICANOPY, FL 32667	DO NOT WRITE IN THIS SPACE
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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, RON R MR. 15715 S.E. 58TH TERR MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNTER-EDWARDS, ANGELA 15715 SE 58TH TERR MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC EDWARDS, CHAD 1603 SW 13TH STREET GAINESVILLE, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Angela Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/06/2008
Date

Daytime Phone #