

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90102 009 \*\*\*150.00

**DOCUMENT # P95000091714**

1. Entity Name  
**TRIPLE QUALITY PAINTING, INC.**



Principal Place of Business  
**11540 WILES ROAD  
SUITE 6  
CORAL SPRINGS, FL 33076**

Mailing Address  
**11540 WILES ROAD  
SUITE 6  
CORAL SPRINGS, FL 33076**

**44033542**



03222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0624629**

Applied For  
Not Applicable

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

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

**CALDWELL, ALEX  
2970 NW 68TH AVENUE  
MARGATE, FL 33063**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PDT
NAME	CALDWELL, ALEX
STREET ADDRESS	2970 NW 68 AVE.
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	S
NAME	CLADWELL, MICHELLE A
STREET ADDRESS	2970 NW 68TH AVENUE
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	VP
NAME	CALDWELL, MICHELLE A
STREET ADDRESS	2970 NW 68 AVE
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	T
NAME	SCHIAPO, ROSEMARY F
STREET ADDRESS	5379 NW 60TH DRIVE
CITY - ST - ZIP	CORAL SPRINGS, FL 33067
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/04 954.753-0366**