

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90303 047 ***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**

40070004



DO NOT WRITE IN THIS SPACE

02282006 No Chg-P CR2E034 (11/05)

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~~ **6781 Wild Orchid Trail**
~~MARGATE, FL 33063~~ **Lakewood, FL 33467**

**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 resigning)

DATE

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	PDT
NAME	CALDWELL, ALEX
STREET ADDRESS	2970 NW 68TH AVENUE 6781 Wild Orchid Trail
CITY - ST - ZIP	MARGATE, FL 33063 Lakewood, FL 33467
TITLE	S
NAME	CLADWELL, MICHELLE A
STREET ADDRESS	2970 NW 68TH AVENUE 6781 Wild Orchid Trail
CITY - ST - ZIP	MARGATE, FL 33063 Lakewood, FL 33467
TITLE	VP
NAME	CALDWELL, MICHELLE A
STREET ADDRESS	2970 NW 68TH AVENUE 6781 Wild Orchid Trail
CITY - ST - ZIP	MARGATE, FL 33063 Lakewood, FL 33467
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	

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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

4/21/06

Date

954-753-0366

Daytime Phone #

Alex Caldwell