

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90159 018 \*\*\*150.00

**DOCUMENT # P97000052413**



1. Entity Name  
**TRIANGLE MORTGAGE COMPANY, INC.**

Principal Place of Business  
**1016 CLEARWATER PL.  
WEST PALM BEACH, FL 33401**

Mailing Address  
**1016 CLEARWATER PL.  
WEST PALM BEACH, FL 33401**

**60032203**



2. Principal Place of Business - No P.O. Box #  
**400 S. AUSTRALIAN AVE**

3. Mailing Address  
**400 S. AUSTRALIAN AVE**

03192008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.  
**# 300**

Suite, Apt. #, etc.  
**# 300**

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number  
**65-0769114**

Applied For  
Not Applicable

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**KOEPEL, JOEL P  
525 SOUTH FLAGLER DRIVE  
SUITE 200  
WEST PALM BEACH, FL 33401**

## 7. Name and Address of New Registered Agent

Name **JOEL P. KOEPEL**

Street Address (P.O. Box Number is Not Acceptable)  
**400 S. AUSTRALIAN AVENUE, #300**

City **WEST PALM BEACH**

FL

Zip Code  
**33401**

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]*

**3/18/08**

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

(NOTE: Registered Agent signature required when reappointing)

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 **D** ☐ Delete  
NAME **KOEPEL, JOEL P**  
STREET ADDRESS **1016 CLEARWATER PL.**  
CITY - ST - ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **400 S. AUSTRALIAN AVENUE, #300**  
CITY - ST - ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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]* **JOEL P. KOEPEL**

**3/18/08**

**(561) 659-6455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #