

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000078681

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** TRIPLE J ENTERPRISES OF HILLSBOROUGH COUNTY, INC.

**Current Principal Place of Business:**

2005 JAUDON ROAD  
DOVER, FL 33527

**New Principal Place of Business:**

3517 AUTUMN GLEN DR.  
VALRICO, FL 33596

**Current Mailing Address:**

2005 JAUDON ROAD  
DOVER, FL 33527

**New Mailing Address:**

3517 AUTUMN GLEN DR.  
VALRICO, FL 33596

**FEI Number:** 59-3468056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOYCE, JAMES J JR  
2005 JAUDON ROAD  
DOVER, FL 33527 US

**Name and Address of New Registered Agent:**

JOYCE, JAMES J JR  
3517 AUTUMN GLEN DR.  
VALRICO, FL 33596 US

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.

SIGNATURE:

04/25/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: JOYCE, JAMES J JR.  
Address: 3517 AUTUMN GLEN DR.  
City-St-Zip: VALRICO, FL 33596

Title: D  
Name: JOYCE, JAMES J JR.  
Address: 3517 AUTUMN GLEN DR.  
City-St-Zip: VALRICO, FL 33596

Title: D  
Name: JOYCE, NAN  
Address: 3517 AUTUMN GLEN DR.  
City-St-Zip: VALRICO, FL 33596

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES J. JOYCE, JR.

PRES

04/25/2010

Electronic Signature of Signing Officer or Director

Date