

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90068 029 ***150.00

DOCUMENT # P97000102215

1. Entity Name

TRIPLE K PLUMBING, INC.



Principal Place of Business
1862 COPENHAVER ROAD
FORT PIERCE FL 34945

Mailing Address
1862 COPENHAVER ROAD
FORT PIERCE FL 34945



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0808162

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNAN, JOHN T
519 S. INDIAN RIVER DR.
FORT PIERCE FL

Name Robert J. Gorman

Street Address (P.O. Box Number is Not Acceptable)
1209 Delaware Ave.

City Ft. Pierce

FL

Zip Code 34950

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

Robert J. Gorman

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

(NOTE: Registered Agent's signature required when re-registering)

3/8/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KRUEGER, K. YOGI	
STREET ADDRESS	6386 GARDENA ST.	
CITY-STATE-ZIP	FORT PIERCE FL 34982	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KRUEGER, KEMPTON D	
STREET ADDRESS	1341 SW AMBOY AVE.	
CITY-STATE-ZIP	PORT ST. LUCIE FL 34945	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KRUEGER, KATHLEEN R	
STREET ADDRESS	1862 COPENHAVER ROAD	
CITY-STATE-ZIP	FORT PIERCE FL 34945	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kathleen R. Krueger Kathleen R. Krueger 3/9/07 772-461-6462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #