


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000056821
 1. Entity Name
 TRIPLE JM CORPORATION



Principal Place of Business 642 W EAU GALLIE BLVD MELBOURNE, FL 32940 US	Mailing Address 4939 ERIN LANE MELBOURNE, FL 32940
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03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3598403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KLATT, MICHAEL W
 4939 ERIN LANE
 MELBOURNE, FL 32940

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARNOLD, JACOB J 224 MOSER ROAD LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENYO, JAMES L 3451 SADDLE BROOK DR. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLATT, MICHAEL W 4939 ERIN LANE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, JAMES P 521 BOSUN COURT ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000280045
 03/30/05-80005-001 150.00

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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:  **JAMES L. RENYO** **3-27-05** **321-254-0825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #