

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # S63851

1. Entity Name
TRIPLE D EQUIPMENT, INC.



Principal Place of Business
**2820 SO FIREHOUSE RD
DELAND, FL 32720 US**

Mailing Address
**2820 SO FIREHOUSE RD
DELAND, FL 32720 US**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3072978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELONG, C RAY
3051 HARTWAY DRIVE
DELAND, FL 32720**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELONG, C RAY 3051 HARTWAY DR DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELONG, JUDITH A 3051 HARTWAY DR DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELONG, LAWRENCE V 2411 ROYAL RD. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05
Date

385-734-2119
Daytime Phone #