2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90089 008 ***150.00

DOCUMENT # V43553

1. Entity Name
TRIPLE TOWERS INC.

Principal Place of Business	Mailing Address
2010 S. HWY. 19 CRYSTAL RIVER, FL 32629-9010	2010 S. HWY. 19 CRYSTAL RIVER, FL 32629-9010

04042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Street Apt. #, etc.	Street Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-2849242
☐ 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
GOMES, JOSEPH 1220 WISPER RUN CT. LUTZ, FL 33549	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	☐ Change ☐ Addition
NAME	CARTER, J. ANDREW		
STREET ADDRESS	2010 S. HWY 19		
CITY-ST-ZIP	CRYSTAL RIVER, FL		
TITLE	D	☐ Delete	☐ Change ☐ Addition
NAME	GOMES, JOSEPH		
STREET ADDRESS	1220 WISPER RUN CT.		
CITY-ST-ZIP	LUTZ, FL		
TITLE	D	☐ Delete	☒ Change ☐ Addition
NAME	FOTOPOULOS, WILLIAM		
STREET ADDRESS	573 WEEKS BLVD.		3018 Joan Court
CITY-ST-ZIP	LAND O' LAKES, FL		Land O Lakes FL 34639
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 an effective empowered.

SIGNATURE: J.A. CARTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date