

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90047 033 ***150.00

DOCUMENT # V58978
 1. Entity Name
 TRIPLE C TRANSPORTATION, INC.



Principal Place of Business Mailing Address
 11892 TENNESSE ST 11892 TENNESSE ST
 SANDERSON, FL 32087 US SANDERSON, FL 32087 US



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For...
 59-3138512 Not Applicable

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

6. Name and Address of Current Registered Agent
 ADAMS, CHARLES D
 11892 TENNESSEE STREET
 SANDERSON, FL 32087

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]* President 3-25-05
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	S
NAME	DURRENCE, LAVENIA M
STREET ADDRESS	11842 TENNESSEE ST.
CITY-ST-ZIP	SANDERSON, FL 32087
TITLE	P
NAME	ADAMS, CHARLES D
STREET ADDRESS	11892 TENNESSEE STREET
CITY-ST-ZIP	SANDERSON, FL 32087
TITLE	VP
NAME	ADAMS, DARLENE A
STREET ADDRESS	11892 TENNESSEE ST.
CITY-ST-ZIP	SANDERSON, FL 32087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 3-25-05 904-275-2376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #