
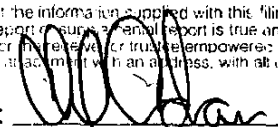


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May 01, 2006 8:00 am
Secretary of State

05-01-2006 90448 038 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V58978			
1. Entity Name TRIPLE C TRANSPORTATION, INC.			
Principal Place of Business 11892 TENNESSE ST SANDERSON, FL 32087 US		Mailing Address 11892 TENNESSE ST SANDERSON, FL 32087 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-3138512		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, CHARLES D 11892 TENNESSEE STREET SANDERSON, FL 32087		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S DURRENCE, LAVENIA M 11842 TENNESSEE ST. SANDERSON, FL 32087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE	P ADAMS, CHARLES D 11892 TENNESSEE STREET SANDERSON, FL 32087	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP ADAMS, DARLENE A 11892 TENNESSEE ST. SANDERSON, FL 32087	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report concerning annual 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 trustee 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 employees.			
SIGNATURE: 		4-28-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (i.e. DIRECTOR)		Date	