


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90026 016 ****61.25

DOCUMENT # 722635			
1. Entity Name NORTH TRITON ARMS, INC.			
Principal Place of Business 171 N. ATLANTIC AVE COCOA BEACH FL 32931		Mailing Address 200 N FIRST ST COCOA BEACH FL 32931 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MORRIS, LAURAJO 200 N FIRST STREET COCOA BEACH FL 32931		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, SUE	NAME	
STREET ADDRESS	34 YAWL DR.	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNY, DON	NAME	
STREET ADDRESS	171 N. ATLANTIC #39	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	CITY-ST-ZIP	
TITLE	VDP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALDANA, DAVID	NAME	
STREET ADDRESS	PO BOX 321547	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32932-1547	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRKALA, MICHAEL	NAME	
STREET ADDRESS	FOWLERHOUSE RD.	STREET ADDRESS	
CITY-ST-ZIP	WAPPINGERS FALLS NY 12-5903	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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MOORE CR2E037 (11/03)

4. FEI Number **59-1447782** Applied For
Not Applicable

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

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 617, 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: Sue Foster Sue Foster Pres 2-11-04 321-783-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #