


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90307 018 \*\*\*150.00

DOCUMENT # P04000033913			
1. Entity Name TREMI INC.			
Principal Place of Business 405 SOUTH AVE EUSTIS FL 32726		Mailing Address 405 SOUTH AVE EUSTIS FL 32726	
2. Principal Place of Business 451 S. Dunbar Dr.		3. Mailing Address 405 South Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Eustis Fl.	
City & State Tavares FL		City & State Eustis FL	
Zip 32778		Country USA	
Zip 32726		Country USA	
6. Name and Address of Current Registered Agent SHIPTON, KENNETH W JR 405 SOUTH AVE EUSTIS FL 32726		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	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPTON, KENNETH W JR 405 SOUTH AVE EUSTIS FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONOSKI, FRANK J 16 MOUNTAIN VIEW ESTATE CATAWISSA PA 17820 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

4. FEI Number  
41-2126892

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)(l), 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: John W. Smith Date: 4-18-05 Daytime Phone #: 352-406-3092