


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000089730 1. Entity Name TRINITY TILE GROUP, INC. OF OCALA	
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Principal Place of Business 10 SW 49TH AVE BLDG 100 OCALA, FL 34474	Mailing Address 10 SW 49TH AVE BLDG 100 OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3472063	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELUZIO, DONALD 4337 DAVDANELLE DR ORLQND, FL 32808	DO NOT WRITE IN THIS SPACE
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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>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELUZIO, DONALD 4337 DARDANELLE DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN DYKE, DAVID 4337 DARDANELLE DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, DALE 4337 DARDANELLE DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRY, VICTOR 11626 SE 123RD ST. BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000132994
04/27/04-80068-015 150.00

**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: <u>Donald A. Deluzio</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/26/04 Date	407-521-6655 Daytime Phone #
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