

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V62772

**Entity Name:** TREVERON, INC.

**Current Principal Place of Business:**

24 BLUEWATER POINT  
BLUEWATER BRANCH  
NICEVILLE, FL 32578

**Current Mailing Address:**

P O BOX 1234  
NICEVILLE, FL 32588 US

**FEI Number:** 59-3175798

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GAETZ, DONALD J  
24 BLUEWATER POINT ROAD  
NICEVILLE, FL 32578 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            GAETZ, DONALD J  
Address        24 BLUEWATER POINT  
City-State-Zip: NICEVILLE FL

Title            V.P.  
Name            GAETZ, VICTORIA Q  
Address        24 BLUEWATER POINT  
City-State-Zip: NICEVILLE FL

Title            V.P.  
Name            GAETZ, MATTHEW LII  
Address        301 BROOKS STREET  
City-State-Zip: FT. WALTON BEACH FL

Title            V.P.  
Name            GAETZ, ERIN V  
Address        250 MERCER STREET, #C-217  
City-State-Zip: NEW YORK CITY NY

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONALD J. GAETZ

**PRESIDENT**

**01/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date