


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90014 030 ***550.00

DOCUMENT # 161746 1. Entity Name TREND MARKETING SERVICES, INC.	
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Principal Place of Business 5444 BAY CENTER DRIVE SUITE 200 TAMPA, FL 33609 US	Mailing Address PO BOX 22768 TAMPA, FL 33622 US
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DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0612549	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 QUISENBERRY, JAMES F, JR 5444 BAY CENTER DRIVE SUITE 200 TAMPA, FL 33609
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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 _____	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	V QUISENBERRY, JAMES F, JR 5444 BAY CENTER DRIVE, SUITE 200 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUISENBERRY, J GREGORY 5444 BAY CENTER DRIVE, SUITE 200 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Woodroffe Q. QUISENBERRY, ELIZABETH Q. 5444 BAY CENTER DRIVE, SUITE 200 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Elizabeth Q. Woodroffe</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5/1/05 Date	813-280-1920 Daytime Phone
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