

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90684 050 ***150.00

DOCUMENT # 502829

1. Entity Name
TRIGEN GLOBAL RESOURCES, INC.



Principal Place of Business
**4500 EXECUTIVE DRIVE
SUITE 230
NAPLES, FL 34119 US**

Mailing Address
**PMB 207
2430 VANDERBILT BEACH RD., #108
NAPLES, FL 34109 US**

94079434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1668325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THIEKEN, SUSAN E
11035 PHOENIX WAY
NAPLES, FL 34119**

7. Name and Address of New Registered Agent

Name

THIEKEN, STEVEN G

Street Address (P.O. Box Number is Not Acceptable)

4500 EXECUTIVE DRIVE

SUITE 230

City

NAPLES,

FL

Zip Code
34119

US

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

Steven G. Thieken

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDST ☐ Delete
NAME THIEKEN, STEVEN G
STREET ADDRESS PMB 207, 2430 VANDERBILT BEACH RD., #108
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven G. Thieken

4/29/04 (239) 593-7080

Date

Daytime Phone #