


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # 506048 1. Entity Name TRIAX, INC.	
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Principal Place of Business 4141 THIRD AVE NW NAPLES, FL 34119 US	Mailing Address 4141 THIRD AVE NW NAPLES, FL 34119 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 48-0824606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**BRUNER, DAVID E.
1645 LUDLON ROAD
MARCO ISLAND, FL 34145**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD MCIPHERSON, THOMAS 4141 THIRD AVE NW NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCIPHERSON, CAROLYN R. 4141 THIRD AVE NW NAPLES, FL 34119
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01/07/05-80016-014 158.75

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: Thomas D McPherson 1-5-2005 121/ 348-7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #