

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90165 013 ***158.75

DOCUMENT # 506048

1. Entity Name
TRIAx, INC.



Principal Place of Business
**4141 THIRD AVE NW
NAPLES, FL 34119 US**

Mailing Address
**4141 THIRD AVE NW
NAPLES, FL 34119 US**

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
48-0824606

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRUNER, DAVID E.
1645 LUDLON ROAD 1241 OVERLOOK ROAD
MARCO ISLAND, FL 34145 RUSTIS, FL 32726**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCPHERSON, THOMAS 4141 THIRD AVE NW NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCPHERSON, CAROLYN R. 4141 THIRD AVE NW NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-7-06 239/348-7818
Date Daytime Phone #