
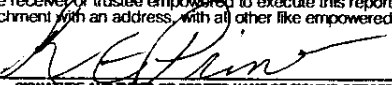


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90449 041 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 597305			
1. Entity Name TREBOR DEVELOPMENT CORPORATION			
Principal Place of Business 4710 69TH CT. E. PALMETTO, FL 34221		Mailing Address P.O. BOX 5027 SARASOTA, FL 34277 US	
2. Principal Place of Business 315 58th St.		3. Mailing Address	
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc.	
City & State Holmes Beach, FL		City & State	
Zip 34217	Country USA	Zip	Country
4. FEI Number 59-1878285		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROKROSKIA, JULIE 315 58TH ST STE 1 HOLMES BEACH, FL 34217		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST PRINE, ROBERT E P.O. BOX 5027, N/A SARASOTA, FL 34277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINE, ROBERT E JR P.O. BOX 7553, N/A BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Prine, Robert E, Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6910 22nd St. West Bradenton, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINE, BARBARA PO BOX 5027 N/A SARASOTA, FL 34277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Robert E. Prine 4/28/04 941-376-3727	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	