

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90026 017 ***150.00

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1. Entity Name
MIDGE TRUBEY, INC.



Principal Place of Business
**8800-4 STREET NO.
ST PETERSBURG, FL 33702**

Mailing Address
**8800-4 STREET NO.
ST PETERSBURG, FL 33702**

44028584



01092004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1905602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAY, JOHN W. DAY
~~2600 9 ST. NORTH~~ **535 Central Avenue**
~~401 RUTLAND BLDG.~~
ST. PETERSBURG, FL 33704 33701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
535 Central Ave.
City **St. Petersburg** FL Zip Code **33701**

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, 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 **PD**
NAME **TRUBEY, MILDRED W** ☐ Delete
STREET ADDRESS **1649-60 TERRACE NE**
CITY-ST-ZIP **ST PETE, FL 00000,**

TITLE **ST**
NAME **TRUBEY, MELANIE** ☐ Delete
STREET ADDRESS **4401-10TH ST N.**
CITY-ST-ZIP **ST. PETERSBURG, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 **PD**
NAME **Trubey, Mildred W** ☒ Change ☐ Addition
STREET ADDRESS **1649 60 Terrace NE**
CITY-ST-ZIP **St. Pete, FL 33703**

TITLE **ST**
NAME **Trubey, Melanie L** ☒ Change ☐ Addition
STREET ADDRESS **470 Third Street South, #418**
CITY-ST-ZIP **St. Pete, FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Midge Trubey President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04 727-578-0537
Date Daytime Phone #