2004 NOT-FOR-PROFIT CORPORATION ~~ANNUAL~~ REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 747290

1. Entity Name
TRINITY VILLAS, INC.

Principal Place of Business	Mailing Address
3728 N.E. 8TH PLACE OCALA, FL 34470	3728 N.E. 8TH PLACE OCALA, FL 34470

01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6046993
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BULLARD, WARREN
121 N.W. 3RD ST.
OCALA, FL 34475

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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 title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NADEAU, MARILYN
STREET ADDRESS	1833 N.E. 39TH COURT
CITY-ST-ZIP	OCALA, FL
TITLE	VD
NAME	BULLARD, WARREN
STREET ADDRESS	121 N.W. 3RD ST.
CITY-ST-ZIP	OCALA, FL 34475
TITLE	SD
NAME	FAGAN, TINA
STREET ADDRESS	4027 N.E. 20TH STREET
CITY-ST-ZIP	OCALA, FL
TITLE	TD
NAME	WRIGHT, JEFF
STREET ADDRESS	1547 N.E. 2ND ST.
CITY-ST-ZIP	OCALA, FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/04-80014-007 61.25

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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 617, 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: Marilyn Nadeau MARILYN NADEAU 1-9-04 (352)694-5507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #