


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 847107 1. Entity Name TRINDER CORPORATION	
---	---

Principal Place of Business 7210 TIMBER CT. TAMPA, FL 33625	Mailing Address 7210 TIMBER CT. TAMPA, FL 33625
---	---

DO NOT WRITE IN THIS SPACE



04082006 No Chg-P CR2E034 (11/05)

4. FEI Number 61-0927134	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

TRINDER, DAVID M.
7210 TIMBER CT.
TAMPA, FL 33625

**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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TRINDER, BERYL D
STREET ADDRESS	595 WEEKS BLVD
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	SD
NAME	TRINDER, SHARON L
STREET ADDRESS	7210 TIMBER COURT
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	PD
NAME	TRINDER, DAVID M
STREET ADDRESS	7210 TIMBER COURT
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000537016
05/09/06-80001-001 150.00

**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: David M Trinder **DAVID M TRINDER** 4-23-06 962-7904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #