

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90454 017 ***150.00

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1. Entity Name
TRC AMERICA, INC.



Principal Place of Business
PO BOX 682253
ORLANDO, FL 32868

Mailing Address
PO BOX 682253
ORLANDO, FL 32868

19016940



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

56-2134447

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, DAVID
3500 SILVER STAR RD.
ORLANDO, FL 32808

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

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 P ☐ Delete
NAME LEAP, DOUG
STREET ADDRESS 17221 JOLLY RD.
CITY-ST-ZIP DISPUTANTA, VA

TITLE VD ☐ Delete
NAME MILLER, DAVID G
STREET ADDRESS 7110 OAK WIND DR.
CITY-ST-ZIP ORLANDO, FL

TITLE CD ☐ Delete
NAME MILLER, JODIE
STREET ADDRESS 7110 OAK WIND DR.
CITY-ST-ZIP ORLANDO, FL

TITLE VD ☐ Delete
NAME MILLER, DONALD
STREET ADDRESS 5593 ONE PUTT LANE
CITY-ST-ZIP HOPE MILLS, NC

TITLE D ☐ Delete
NAME MILLER, JODIE
STREET ADDRESS 7110 OAKWIND DR.
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *X David A Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

407-298-4337

Date

Daytime Phone #