

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90059 026 ***150.00

DOCUMENT # F02564 1. Entity Name TRENT ELECTRIC, INC.			
Principal Place of Business 5354 CEMETERY ROAD ZELLWOOD, FL 32798 US		Mailing Address P.O. BOX 608 ZELLWOOD, FL 32798 US	
2. Principal Place of Business - No P.O. Box # 958 W. GRAND RONDO		3. Mailing Address SAME	
Suite, Apt. #, etc. AS		Suite, Apt. #, etc. AS	
City & State CRESCENT CITY FL		City & State PHYSICAL	
Zip 32112		Country USA	
Zip 32112		Country USA	
4. FEI Number 59-2118732		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 HOFFMAN, JOHN J 5354 CEMETERY ROAD ZELLWOOD, FL 32798		7. Name and Address of New Registered Agent Name JOHN J HOFFMAN Street Address (P.O. Box Number is Not Acceptable) 958 W. GRAND RONDO City CRESCENT CITY FL Zip Code 32112	
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 reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PD	NAME HOFFMAN, JOHN J	TITLE PD	NAME JOHN J HOFFMAN
STREET ADDRESS 5354 CEMETERY ROAD	CITY-ST-ZIP ZELLWOOD, FL 32798	STREET ADDRESS 958 W GRAND RONDO	CITY-ST-ZIP CRESCENT CITY FL 32112
TITLE S	NAME HOFFMAN, JOAN H	TITLE S	NAME HOFFMAN, JOAN H
STREET ADDRESS 9 E. STEELE STREET	CITY-ST-ZIP ORLANDO, FL 32804	STREET ADDRESS 9 E. STEELE STREET	CITY-ST-ZIP ORLANDO, FL 32804
TITLE S	NAME HOFFMAN, JOAN H	TITLE S	NAME HOFFMAN, JOAN H
STREET ADDRESS 9 E. STEELE STREET	CITY-ST-ZIP ORLANDO, FL 32804	STREET ADDRESS 9 E. STEELE STREET	CITY-ST-ZIP ORLANDO, FL 32804
TITLE S	NAME HOFFMAN, JOAN H	TITLE S	NAME HOFFMAN, JOAN H
STREET ADDRESS 9 E. STEELE STREET	CITY-ST-ZIP ORLANDO, FL 32804	STREET ADDRESS 9 E. STEELE STREET	CITY-ST-ZIP ORLANDO, FL 32804
TITLE S	NAME HOFFMAN, JOAN H	TITLE S	NAME HOFFMAN, JOAN H
STREET ADDRESS 9 E. STEELE STREET	CITY-ST-ZIP ORLANDO, FL 32804	STREET ADDRESS 9 E. STEELE STREET	CITY-ST-ZIP ORLANDO, FL 32804
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:		JOHN J HOFFMAN 1/16/08 321-229-1241	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	