

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90262 033 ***150.00

DOCUMENT # F04000002480

1. Entity Name
TRICENTURION, INC.



Principal Place of Business
**7909 PARKLANE RD., SUITE 190
COLUMBIA, SC 29203**

Mailing Address
**7909 PARKLANE RD., SUITE 190
COLUMBIA, SC 29203**

14009917



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0808661

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

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ROBERTS, SUSAN**
STREET ADDRESS **7909 PARKLAND ROAD**
CITY-ST-ZIP **COLUMBIA, SC 29203**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **MARIO MARTINEZ**
STREET ADDRESS **7909 PARKLANE ROAD**
CITY-ST-ZIP **COLUMBIA, SC 29203**

TITLE **V** ☒ Delete
NAME **EDGE, MICHAEL**
STREET ADDRESS **2909 PARKLANE ROAD**
CITY-ST-ZIP **COLUMBIA, SC 29203**

TITLE **D** ☐ Change ☒ Addition
NAME **GEORGE JACOBS**
STREET ADDRESS **628 CALHOUN RD**
CITY-ST-ZIP **DAHLONEGA, GA 30533**

TITLE **S** ☐ Delete
NAME **HUNGERMAN, DREW**
STREET ADDRESS **4800 DEERWOOD CAMPUS PARKWAY 100-8**
CITY-ST-ZIP **JACKSONVILLE, FL 322468273**

TITLE **D** ☐ Change ☒ Addition
NAME **BILL HORTON**
STREET ADDRESS **I-20 ALPINE RD**
CITY-ST-ZIP **COLUMBIA, SC 29219**

TITLE **T** ☐ Delete
NAME **HUGHES, BRUCE**
STREET ADDRESS **17 TECHNOLOGY CIRCLE**
CITY-ST-ZIP **COLUMBIA, SC 29203**

TITLE **D** ☐ Change ☒ Addition
NAME **CURTIS LORD**
STREET ADDRESS **532 RIVERSIDE AVENUE -20T**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **CO** ☐ Delete
NAME **HORAN, CHRIS**
STREET ADDRESS **7909 PARKLAND ROAD, SUITE 190**
CITY-ST-ZIP **COLUMBIA, SC 29223**

TITLE **D** ☐ Change ☒ Addition
NAME **MARTHA MAHAFFEY**
STREET ADDRESS **8330 LBS FREEWAY**
CITY-ST-ZIP **DALLAS, TX 75243-1213**

TITLE **D** ☐ Delete
NAME **BARBARA GAGEL TIRONE**
STREET ADDRESS **11212 APPALOOSA DRIVE**
CITY-ST-ZIP **REISTERSTOWN, MD 21136**

TITLE **D** ☐ Change ☒ Addition
NAME **PATRICIA WILLIAMS**
STREET ADDRESS **532 RIVERSIDE AVENUE -20T**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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:

Susan Roberts **Susan Roberts**

4/27/2005

803-264-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #