

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000007002

1. Entity Name
TRIALON CORPORATION



Principal Place of Business
1477 WALLI STRASSE DR.
BURTON, MI 48509

Mailing Address
1477 WALLI STRASSE DR.
BURTON, MI 48509



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2432226	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RESSEGUIE, ROBERT 5309 CHIN MAYA DRIVE SWARTZ CREEK, MI 48473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROWDER, PATRICIA 7185 S. GALE RD GRAND BLANC, MI 48439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RESSEGUIE, RON 5309 CHIN MAYA DRIVE SWARTZ CREEK, MI 48473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RESSEGUIE, ETHEL 5309 CHIN MAYA DRIVE SWARTZ CREEK, MI 48473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/11/06-80001-001 550.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #