

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90034 023 ***150.00

DOCUMENT # F05000001473

1. Entity Name
TRINITY MANUFACTURING OF NC, INC.



Principal Place of Business
11 E.V. HOGAN DRIVE
HAMLET, NC 28345

Mailing Address
11 E.V. HOGAN DRIVE 1519
HAMLET, NC 28345



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3092516

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HRUBY, ROGER
7610 US HIGHWAY 41 N
PALMETTO, FL 34221

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	STORKAN, DEAN C
STREET ADDRESS	1015 ELK RUN RD.
CITY - ST - ZIP	PEBBLE BEACH, CA 93953
TITLE	V
NAME	PERREAULT, VICTOR J
STREET ADDRESS	1821 SANDCREST DR.
CITY - ST - ZIP	ROCKINGHAM, NC 28379
TITLE	S
NAME	VARGAS, JOANNE
STREET ADDRESS	20622 RANCHO LAS CERRITOS ROAD
CITY - ST - ZIP	COVINA, CA 91724
TITLE	T
NAME	LYERLY, STEVE
STREET ADDRESS	7610 US HWY 41 NORTH
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08

910 582-5650

Daytime Phone #