

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000804

FILED
Mar 14, 2011
Secretary of State

Entity Name: TRINITY INSURANCE SERVICES, INC.

Current Principal Place of Business:

620 LOTUS DR. N
MANDEVILLE, LA 70471

New Principal Place of Business:

Current Mailing Address:

PO BOX 1723
MANDEVILLE, LA 70470

New Mailing Address:

FEI Number: 72-1404875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECARDO, MARK
3934 SW HELMLINGER ST.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP
Name: LEGER, LOLLY
Address: 401 MARIGNY AVE.
City-St-Zip: MANDEVILLE, LA 70448

Title: VCP
Name: LEGER, MARTY
Address: 7073 EDGEWATER DR.
City-St-Zip: MANDEVILLE, LA 70471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOLLY J LEGER

CP

03/14/2011

Electronic Signature of Signing Officer or Director

Date