

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90054 026 ***150.00

DOCUMENT # F46274 1. Entity Name THE TRIAD GROUP, INC.					
Principal Place of Business ROUTE 22 17568 ROCKEFELLER CR SE FT MYERS, FL 33912-5844			Mailing Address ROUTE 22 17568 ROCKEFELLER CR SE FT MYERS, FL 33912-5844		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		00004373	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2130584	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For: ☐ Not Applicable	
6. Name and Address of Current Registered Agent PETERS, MICHAEL J 914 ROBALO DR FT MYERS, FL 33919			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature typed or printed name of registered agent and principal officers (NOTE: Registered Agent Signature required when changing)					
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 NAME STREET ADDRESS CITY- ST- ZIP	PD PETERS, MICHAEL J 914 ROBALO DR FT MYERS, FL 33919	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS PETERS, MICHAEL J 914 ROBALO DR FT MYERS, FL 33919	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition PETERS, MARIA J
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-19-05		239-267-1212