


\$158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR 22 PM 2: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F73016 1. Entity Name THE TRIDENT GROUP, INC.	
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Principal Place of Business
7575 DR. PHILLIPS BLVD.
SUITE 210
ORLANDO, FL 32819-7269

Mailing Address
7575 DR. PHILLIPS BLVD.
SUITE 210
ORLANDO, FL 32819-7269



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2179758	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LYNCH, J. CRAIG
7575 DR. PHILLIPS BLVD.
SUITE 210
ORLANDO, FL 32819

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO LYNCH, KARA H 7575 DR PHILLIPS BLVD STE#210 ORLANDO, FL 32819
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P J CRAIG LYNCH 7575 DR PHILLIPS BLVD STE.,#210 ORLANDO, FL 32819
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**DO NOT WRITE
IN THIS SPACE**

JG 3/19

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 or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. CRAIG LYNCH

3/14/05

Date

4073458400

Daytime Phone #