

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90274 036 ***158.75

DOCUMENT # F84913

1. Entity Name
TRI-ANGLE MAINTENANCE SERVICES, INC.



Principal Place of Business

1822 DREW ST.
STE 2
CLEARWATER, FL 33765 US

Mailing Address

1822 DREW ST.
STE 2
CLEARWATER, FL 33765 US

94076713



2. Principal Place of Business

3734 131st AVE. N

Suite, Apt. #, etc.

Unit 1

City & State

Clearwater FL

Zip

33762

Country

USA

3. Mailing Address

3734 131st AVE N

Suite, Apt. #, etc.

Unit 1

City & State

Clearwater FL

Zip

33762

Country

USA

04052004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2504512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, TRICE
1822 DREW ST.
STE 2
CLEARWATER, FL 33765

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME TRICE, CLARENCE
STREET ADDRESS 740 PINELLAS BAYWAY
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE EVPB ☐ Delete
NAME TRICE, CAMERON
STREET ADDRESS 232 S GARDEN CIRCLE
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #