

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000519

FILED
Apr 21, 2005
Secretary of State

Entity Name: TRITRONICS INTERNATIONAL OF FLORIDA INCORPORATED

Current Principal Place of Business:

1306 CONTINENTAL DRIVE
ABINGDON, MD 21009

New Principal Place of Business:

Current Mailing Address:

1306 CONTINENTAL DRIVE
ABINGDON, MD 21009

New Mailing Address:

FEI Number: 52-1036590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, PAUL M
C/O KELLEY DRYE & WARREN
201 SOUTH BISCAYNE BLVD SUITE 2400
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, VIRGINIA L
Address: 1306 CONTINENTAL DRIVE
City-St-Zip: ABINGDON, MD 21009

Title: VTSD () Delete
Name: WAGNER, KIMBERLY L
Address: 1603 ROLLING ROAD
City-St-Zip: BEL AIR, MD 21014

Title: VD () Delete
Name: WILLIAMS, RANDY M
Address: 1835 MIDSUMMER LANE
City-St-Zip: JARRETTSVILLE, MD 21084

Title: D () Delete
Name: WILLIAMS, ROGER P SR
Address: 1306 CONTINENTAL DRIVE
City-St-Zip: ABINGDON, MD 21009

Title: VD () Delete
Name: SCARFF, JAMES J
Address: 7 ZELDA CT.
City-St-Zip: WHITE HALL, MD 21161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY L WAGNER

VP

04/21/2005

Electronic Signature of Signing Officer or Director

Date