

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G07145

1. Entity Name
TRINITY TRANSPORT, INC.



Principal Place of Business
1801 SW 1 AVE
P. O. BOX 350524
FT LAUDERDALE, FL 33315

Mailing Address
1801 SW 1 AVE
P. O. BOX 350524
FT LAUDERDALE, FL 33315

FILED
Mar 31, 2004 08:00 AM
Secretary of State



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2246006 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PESTCOE, BERNARD C.
169 E FLAGLER ST, #1500, ALFRED I. DUPONT BLD
MIAMI, FL 33131

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000099606
03/31/04-80012-021 150.00

10. OFFICERS AND DIRECTORS

TITLE VD
NAME WEAVER, EVELYN L.
STREET ADDRESS 41 W TROPICAL WAY
CITY-ST-ZIP PLANTATION, FL 33317

TITLE PD
NAME WEAVER, RODNEY E
STREET ADDRESS 5561 SW 112 TERRACE
CITY-ST-ZIP COOPER CITY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: (x) EVELYN L. WEAVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(x) V. PRES. (x) 3-29-04
Date Daytime Phone #