

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # H07303

1. Entity Name
TRILLION, INC.



Principal Place of Business
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

Mailing Address
C/O STUART J. HOFT, ESQ.
P.O. BOX 431
PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2435212

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAASS, ROBB R.
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEFF, DAVID W. 5420 N. OCEAN DRIVE RIVIERA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT VAN ZANDT, TATIANA 215 MEDITERRANEAN RD PALM BEACH, FL 33480
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	

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03/08/04-80097-020 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/2004 501-832-3525