

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90230 018 ***150.00

DOCUMENT # H28461

1. Entity Name
TRINITY FABRICATORS, INC.



Principal Place of Business
**825 CORPORATE SQUARE ROAD
POST OFFICE BOX 1826
GREENCOVE SPRINGS, FL 32043**

Mailing Address
**825 CORPORATE SQUARE ROAD
POST OFFICE BOX 1826
GREENCOVE SPRINGS, FL 32043**

60033759



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2478208

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESTFALL, MERRILL C
1746 COLONIAL DRIVE
GREEN COVE SPRINGS, FL 32043**

Name
Daniel M. Westfall

Street Address (P.O. Box Number is Not Acceptable)

229 Edgewater Branch Drive

City
Jacksonville,

FL

Zip Code
32259

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 of Daniel M. Westfall]

April 27, 2006

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, 2006 Fee will be \$550.00**

Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **WESTFALL, DANIEL M.**
STREET ADDRESS **229 EDGEWATER BRANCH DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **WESTFALL, MERRILL C**
STREET ADDRESS **1746 COLONIAL DRIVE**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME **Westfall, Damon A.**
STREET ADDRESS **8429 Stelling Drive South**
CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE **D** ☒ Delete
NAME **WESTFALL, DOUGLAS A**
STREET ADDRESS **1400 EAST RIDGEWOOD STREET**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **Director** ☐ Change ☒ Addition
NAME **Sharon K. Howard**
STREET ADDRESS **3183 South Juniper Avenue**
CITY-ST-ZIP **Middleburg, Florida 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 exemptions contained in Chapter 119, 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

4/27/2006 (904) 284-9657

Date

Daytime Phone #