

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # J71723 1. Entity Name TRIDENT CONTAINER SERVICES INC.	
---	---

Principal Place of Business 2663 BAILEY RD FERNANDINA BEACH, FL 32034 US	Mailing Address PO BOX 1565 FERNANDINA BEACH, FL 32035 US
--	---



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2857673	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

PITTMAN, SAMUEL H
2663 BAILEY RD
FERNANDINA BEACH, FL 32034

**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 *Samuel H Pittman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/2004

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	D LEWIS, ROBERT S 14 PAR LA VILLE, PAR LA VILLE PLACE HAMILTON, HMJX, BERMUDA, BE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, JOHN 14 PAR LA VILLE, PAR LA VILLE PLACE HAMILTON, HMJX, BERMUDA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARGE, ROGER 14 PAR LA VILLE, PAR LA VILLE PLACE HAMILTON, HMJX, BERMUDA, BE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PITTMAN, SAMUEL H 1709 BLUE HERON LN FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAZARD, PATRICIA 1261 BLACKMON ROAD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE RUITER, MAARTEN L 19 RECTOR ST., STE 2803 NEW YORK, NY 10006

000000051270
02/16/04-80044-022 150.00

**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: *Samuel H Pittman* Samuel H. Pittman 2/11/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-277-2888

Daytime Phone #