2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # J71723

1. Entity Name
TRIDENT CONTAINER SERVICES INC.

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

DO NOT WRITE IN THIS SPACE

01192005 No Chg-P CR2E034 (10/03)

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 _____
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000189772
01/24/05-80109-013 150.00

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 1/20/05 904-277-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #