

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # J95044

1. Entity Name
THE TRILAX GROUP, INC.



Principal Place of Business

**250 S RONALD REAGAN
STE 106
LONGWOOD, FL 32750 US**

Mailing Address

**250 S RONALD REAGAN
STE 106
LONGWOOD, FL 32750 US**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2864964	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAX, JAMES R
250 S RONALD REAGAN BLVD
SUITE 106
LONGWOOD, FL 32750**

**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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAX, JAMES R.
STREET ADDRESS	1514 GRACE LAKE CIR
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	STD
NAME	LAX, SAMUEL P.
STREET ADDRESS	P.O. BOX 395
CITY-ST-ZIP	MONTMORENCI, SC 29839

TITLE	D
NAME	LAX, AUDREY T
STREET ADDRESS	6623 LAKE LORAN WAY
CITY-ST-ZIP	LAKE WORTH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**1000000527074
05/04/06-80099-009 150.00**

**DO NOT WRITE
IN THIS SPACE**

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

04-20-06
Date

407-679-1057
Daytime Phone #