


\$158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K84981
 1. Entity Name
TRIDENT MANAGEMENT GROUP, INC.



Principal Place of Business 7575 DR PHILLIPS BLVD STE 210 ORLANDO, FL 32819-7262	Mailing Address 7575 DR PHILLIPS BLVD STE 210 ORLANDO, FL 32819-7262
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FILED
 05 MAR 22 PM 2: 01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2956204	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, J CRAIG
 7575 DR PHILLIPS BLVD
 STE 210
 ORLANDO, FL 32819

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	CFO LYNCH, KARA H 7575 DR PHILLIPS BLVDS ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, JAMES CRAIG 7575 DR PHILLIPS BLVD ORLANDO, FL
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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: *JCR* **J CRAIG LYNCH** 3/14/05 407 345-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #