

\$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

FILED

05 MAR 22 PM 2: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02212005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2956204

Applied For
Not Applicable

5. Certificate of Status Desired



\$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

**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
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/04/05--01003--021 **372.50

3/14/05

**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:

JCR REG LYNCH

3/14/05 407 345-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #