


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

**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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**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2956204</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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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**DO NOT WRITE IN THIS SPACE**

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 04/27/07-80054-011 158.75

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_