

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L86936

1. Entity Name
TRIVETT & SONS, INC.



Principal Place of Business
**4444 DAUGHARTY ROAD
DELAND FL 32724**

Mailing Address
**P O BOX 181
DELAND FL 32721**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3026767**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIVETT, DANNIE W.
858 W. PLYMOUTH AVE.
DELAND FL 32720**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	TRIVETT, DANNIE W.	
STREET ADDRESS	2501 LAKE RUBY RD	
CITY ST ZIP	DELAND FL	
TITLE	STD	☐ Delete
NAME	TRIVETT, BARNIE L.	
STREET ADDRESS	2501 LAKE RUBY RD	
CITY ST ZIP	DELAND FL	
TITLE	D	☐ Delete
NAME	TRIVETT, SAM W.	
STREET ADDRESS	2501 LAKE RUBY RD	
CITY ST ZIP	DELAND FL	
TITLE	D	☐ Delete
NAME	TRIVETT, LOUIS W.	
STREET ADDRESS	2501 LAKE RUBY RD	
CITY ST ZIP	DELAND FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

TITLE		☐ Change ☐ Add
NAME	U00000828319	
STREET ADDRESS	02/16/07-80010-008 150.00	
CITY ST ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barnie L Trivett* **BARNIE TRIVETT**

2/6/07

386
736-1533