

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90101 034 ***150.00

40106341



05022007 Chg-P CR2E034 (12/06)

DOCUMENT # L90443 1. Entity Name TREVOR-MARTIN CORPORATION					
Principal Place of Business 4151 112TH TERRACE NORTH CLEARWATER, FL 33762 US			Mailing Address 125 COMMERCIAL DR MOORESVILLE, NC 28115 US		
2. Principal Place of Business - No P.O. Box # 4190 B 112th Terrace N			3. Mailing Address Suite, Apt. #, etc.		
City & State Clearwater, FL Zip 33762 Country US			City & State Suite, Apt. #, etc.		
4. FEI Number 59-3026647			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 BORZONI, JOHN T 4190 112TH TERRACE NORTH CLEARWATER, FL 33762			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORZONI, JOHN T		NAME		
STREET ADDRESS	149 ECLIPSE WAY		STREET ADDRESS		
CITY-ST-ZIP	MOORESVILLE, NC 28117		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BINDUS, SHEILA A		NAME		
STREET ADDRESS	165 PINK ORCHARD DR		STREET ADDRESS		
CITY-ST-ZIP	MOORESVILLE, NC 28115		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORZONI, ELIZABETH H		NAME		
STREET ADDRESS	149 ECLIPSE WAY		STREET ADDRESS		
CITY-ST-ZIP	MOORESVILLE, NC 28117		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORZONI, GLADYS W		NAME		
STREET ADDRESS	100 BLUFFVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMSON, RICHARD P		NAME		
STREET ADDRESS	1984 ORANGE COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLAGHER, MARY K		NAME		
STREET ADDRESS	672 POINSETTIA RD		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP		
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: <i>John T Borzoni</i> JOHN T BORZONI 5/1/07 784 799 1570 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT HD106341



#L90443

TREVOR-MARTIN CORPORATION



Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

5/2/07

To Whom It May Concern,

Enclosed is the Annual Report for Trevor-Martin Corporation, and our check for \$150.00. We attempted to file online all day yesterday, up to 11:30 pm, and were not able to get through. A copy of the response from the Division of Corporations' Public Access System is enclosed. Please waive the \$400 late fee penalty; as we made a good faith effort to file timely but were blocked by the Public Access System.

A handwritten signature in cursive script, appearing to read 'John T. Borzoni'.

John T. Borzoni, President

ATTACHMENT

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#L910443
Division of Corporations

We're sorry but the Public Access System is unable to process your request at this time. Press your browsers' BACK arrow to retry your request, or return to the Division of Corporations' Public Access System main page.

5/2 8:40am

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Write letter
\$150, please waive late