2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L90443

Title:

Name:

Address:

City-St-Zip:

FILED Apr 24, 2008 Secretary of State

Entity Name: TREVOR-MARTIN CORPORATION					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4190 B 112TH TERRACE NORTH CLEARWATER, FL 33762 US			602A	100 BLUFFVIEW DRIVE 602A BELLEAIR BLUFFS, FL 33770 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
125 COMMERO MOORESVILLE		US			
FEI Number: 59-30	026647 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BORZONI, JOHN T 4190 112TH TERRACE NORTH CLEARWATER, FL 33762 US			602A	100 BLUFFVIEW DRIVE	
The above nam in the State of F		nits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/24/2008	
Election Campaig		ignature of Registered Age st Fund Contribution ().	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address: 149) () Dele RZONI, JOHN T 9 ECLIPSE WAY PORESVILLE, NC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: 165	D () Dele IDUS, SHEILA A 5 PINK ORCHARI PORESVILLE, NC	D DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: 149	() Dele RZONI, ELIZABE ECLIPSE WAY ORESVILLE, NC	THH	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN T. BORZONI Ρ 04/24/2008

(X) Delete

GALLAGHER, MARY K

BELLEAIR, FL 33756 US

672 POINSETTIA RD

() Change () Addition