

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90381 027 \*\*\*150.00

**DOCUMENT # L92213**

1. Entity Name

TRUMBULL RECOVERY SERVICES, INC.



Principal Place of Business

140 ALEXANDRIA BLVD.  
STE F  
OVIEDO FL 32765  
US

Mailing Address

PO BOX 621207  
OVIEDO FL 32762-1207  
US

**14005124**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3021034**

Applied For

Not Applicable

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

COLN, RONALD  
114 ARROWHEAD CT  
WINTER SPRINGS FL 32708

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, 2004 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

TITLE PD ☐ Delete  
NAME COLN, RONALD  
STREET ADDRESS 140 ALEXANDRIA BLVD. SUITE F  
CITY-ST-ZIP OVIEDO FL 32765

TITLE VD ☐ Delete  
NAME HOLCOMB, STEPHEN M  
STREET ADDRESS 4 GRIFFIN ROAD NORTH  
CITY-ST-ZIP WINDSOR CT 06095

TITLE V ☐ Delete  
NAME MALCHODI, WILLIAM  
STREET ADDRESS HARTFORD PLAZA  
CITY-ST-ZIP HARTFORD CT 06115

TITLE VT ☐ Delete  
NAME TRIPP, STANLEY  
STREET ADDRESS 4 GRIFFIN ROAD NORTH  
CITY-ST-ZIP WINDSOR CT 06095

TITLE S ☐ Delete  
NAME COSTELLO, RICHARD G  
STREET ADDRESS 690 ASYLUM AVE. HARTFORD PLAZA  
CITY-ST-ZIP HARTFORD CT 06115

TITLE AS ☐ Delete  
NAME CUBANSKI, JAMES  
STREET ADDRESS HARTFORD PLAZA  
CITY-ST-ZIP HARTFORD CT 06115

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/16/04*