

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L94963

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** TRINITY SERVICES GROUP, INC.

**Current Principal Place of Business:**

380 SCARLETT BLVD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TAX DEPT  
2400 YORKMONT RD  
CHARLOTTE, NC 28217 US

**New Mailing Address:**

380 SCARLETT BLVD  
OLDSMAR, FL 34677

**FEI Number:** 59-3026703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SANFORD, MATT  
Address: 380 SCARLETT BLVD  
City-St-Zip: OLDSMAR, FL 34677

Title: VPSD  
Name: PALDINO, CHRIS  
Address: 380 SCARLETT BLVD  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD  
Name: GULLEN, MATTHEW  
Address: 380 SCARLETT BLVD  
City-St-Zip: OLDSMAR, FL 34677

Title: CEO  
Name: VAUGHN, LARRY  
Address: 380 SCARLETT BLVD  
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW GULLEN

VPD

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date