


**2005 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-18-2005 90024 029 ***125.00
06-08-2005 90001 015 *****25.00

DOCUMENT # M52206 1. Entity Name TRIMEDIA LTD., INC.	
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Principal Place of Business
4845 BELLE TERRE PKWY
SUITE #C120
PALM COAST, FL 32164

Mailing Address
4845 BELLE TERRE PKWY
SUITE #C120
PALM COAST, FL 32164 US

DO NOT WRITE IN THIS SPACE



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0076254	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROVINS, RANDY
4845 BELLE TERRE PKWY #C120
PALM COAST, FL 32164

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROVINS, RANDY 4845 BELLE TERRE PKWY PALM COAST, FL 32164
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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

5/12/05

Date

386-852-6547

Daytime Phone