

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000015301

FILED
Jun 21, 2007
Secretary of State

Entity Name: TRINITY FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1515 NW 22TH AVE
OCALA, FL 34470

New Principal Place of Business:

1515 NE 22ND AVE
OCALA, FL 34470

Current Mailing Address:

P O BOX 794
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3623755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOFFEL, RENEE
320 W OAK TERRACE
SUITE 150
LEESBURG, FL 34748 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: DPS () Delete
Name: ALBRITTON, TINA
Address: P.O. BOX 794
City-St-Zip: OCALA, FL 34478

Title: V () Delete
Name: PERRY, REGINA
Address: P O BOX 794
City-St-Zip: OCALA, FL 34478

Title: ST (X) Delete
Name: ALBRITTON, TINA
Address: 7575 WEST HWY 326
City-St-Zip: OCALA, FL 34482

Title: TD (X) Delete
Name: ALBRITTON, CHRISTOPHER
Address: 7575 WEST HWY
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: ALBRITTON, TINA
Address: P.O. BOX 794
City-St-Zip: OCALA, FL 34478

Title: V (X) Change () Addition
Name: ALBRITTON, CHRISTOPHER
Address: P O BOX 794
City-St-Zip: OCALA, FL 34478

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TINA ALBRITTON

P

06/21/2007

Electronic Signature of Signing Officer or Director

Date