

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015301

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: TRINITY FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

1515 NE 22ND AVE  
OCALA, FL 34470

## New Principal Place of Business:

1406 SE 36TH AVE  
OCALA, FL 34471

## Current Mailing Address:

P O BOX 794  
OCALA, FL 34478

## New Mailing Address:

1406 SE 36TH AVE  
OCALA, FL 34471

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: ALBRITTON, TINA  
Address: 1406 SE 36TH AVE  
City-St-Zip: OCALA, FL 34471

Title: V (X) Change ( ) Addition  
Name: ALBRITTON, CHRISTOPHER  
Address: 1406 SE 36TH AVE  
City-St-Zip: OCALA, FL 34471

Title: SEC ( ) Change (X) Addition  
Name: ALBRITTON, TINA  
Address: 1406 SE 36TH AVE  
City-St-Zip: OCALA, FL 34471

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

DPST

04/30/2008

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

\_\_\_\_\_  
Date