


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2004 90304 013 \*\*\*158.75

<b>DOCUMENT # P00000026805</b>	
1. Entity Name <b>TRILLING &amp; ASSOCIATES, P.A.</b>	

Principal Place of Business <b>5400 S. UNIVERSITY DR., SUITE 301 DAVIE FL 33328</b>	Mailing Address <b>5400 S. UNIVERSITY DR., SUITE 301 DAVIE FL 33328</b>
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2. Principal Place of Business <b>5400 S. UNIVERSITY DRIVE</b>	3. Mailing Address <b>5400 S. UNIVERSITY DRIVE</b>
Suite, Apt. #, etc. <b>SUITE 104</b>	Suite, Apt. #, etc. <b>SUITE 104</b>
City & State <b>DAVIE, FL</b>	City & State <b>DAVIE, FL</b>
Zip <b>33328</b>	Country <b>U.S.A.</b>

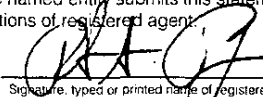


MOORE CR2E034 (11/03)

4. FEI Number <b>65-1007386</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

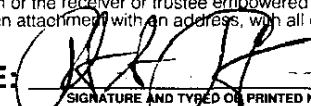
6. Name and Address of Current Registered Agent <b>TRILLING, ROBERT A 5400 S. UNIVERSITY DR., SUITE 201 104 DAVIE FL 33328</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 	Robert A. Trilling, President and Registered Agent 4/15/04 (NOTE: Registered Agent Signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TRILLING, ROBERT A 5400 S. UNIVERSITY DR., SUITE 301 DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	Robert A. Trilling, President 4/15/2004 954-252-5258 Date Daytime Phone #