

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90246 045 ***150.00

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1. Entity Name
TRN LEGAL, INC.



Principal Place of Business
9329 ARBORWOOD CIRCLE
DAVIE, FL 33328

Mailing Address
9329 ARBORWOOD CIRCLE
DAVIE, FL 33328

New Principal Place of Business
9235 Lagoon Place
Suite, Apt. #, etc.
217

New Mailing Address
9235 Lagoon Place
Suite, Apt. #, etc.
217

City & State
Fort Lauderdale, FL
Zip
33324
Country
USA

City & State
Fort Lauderdale, FL
Zip
33324
Country
USA

03302004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0994146
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEUMANN, THOMAS
9329 ARBORWOOD CIRCLE
DAVIE, FL 33328

** New*

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9235 Lagoon Place # 217
City **Fort Lauderdale** FL Zip Code **33324**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
NEUMANN, THOMAS
9329 ARBORWOOD CIRCLE
DAVIE, FL 33328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9235 Lagoon Place # 217
Fort Lauderdale, FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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

Date

Daytime Phone #