


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000035085 1. Entity Name TRIAD INVESTORS, INC.	
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Principal Place of Business 6355 METROWEST BLVD, STE 330 ORLANDO, FL 32835	Mailing Address 6355 METROWEST BLVD, STE 330 ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3638585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLARD, JAMES G ESQ
300 SOUTH ORANGE AVE
STE 1000
ORLANDO, FL 32801-3373**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

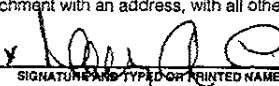
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BRYAN, PAUL F 300 SOUTH ORANGE AVE SUITE 1000 ORLANDO, FL 328013373
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WILLARD, JAMES G 300 SOUTH ORANGE AVE SUITE 1000 ORLANDO, FL 328013373
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ROSSMAN, NANCY A 6355 METRO WEST BLVD SUITE 330 ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000127596
04/26/04-80004-008 150.00

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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:  **Nancy A. Rossman, VP** 4-15-04 407-523-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #