


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90293 043 ***150.00

DOCUMENT # P00000045868 1. Entity Name TRIND NAIL & HAND CORPORATION			
Principal Place of Business 9031 132ND AVE N SUITE 801B LARGO, FL 33773		Mailing Address 9031 132ND AVE N SUITE 801B LARGO, FL 33773	
2. Principal Place of Business 1715 Lakeside Ave Suite, Apt. #, etc. Unit 8 City & State St. Augustine, FL Zip 32084		3. Mailing Address 1715 Lakeside Ave Suite, Apt. #, etc. Unit 8 City & State St. Augustine, FL Zip 32084	
4. FEI Number 59-3643708		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02102004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PROTONENTIS, KENNETH G ESQ. 1591 GULF BLVD. PENTHOUSE 2 CLEARWATER, FL 33767		7. Name and Address of New Registered Agent Name Richard Houts or Susan Houts Street Address (P.O. Box Number is Not Acceptable) 1715 Lakeside Ave, # 8 City St. Augustine FL Zip Code 32084	
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 Susan Houts V.P. DATE 2-14-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUTS, RICHARD W 9031 132ND AVE N LARGO, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Houts, Richard W. 1715 Lakeside Ave, # 8 St Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUTS, SUSAN B 9031 132ND AVE N LARGO, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Houts, Susan B. 1715 Lakeside Ave, # 8 St. Augustine, FL 32084
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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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: Susan B Houts V.P. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-14-04 <small>Daytime Phone #</small>	