

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90001 048 ***550.00

DOCUMENT # P00000106756

1. Entity Name

TRIOS DESIGN, INC.



Principal Place of Business

400 WHARFSIDE WAY
JACKSONVILLE FL 32207

Mailing Address

400 WHARFSIDE WAY
JACKSONVILLE FL 32207

J4007033

2. Principal Place of Business

1626 Hendricks Ave

3. Mailing Address

1626 Hendricks Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

Jacksonville Florida

Zip

32207

Country

US

Zip

32207

Country

US

4. FEI Number

59-3690856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

MOORE

CR2E034 (4/04)



6. Name and Address of Current Registered Agent

CARLINE, BLUZETTE
11252 SOUTHTON PL
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CARLINE, BLUZETTE M
STREET ADDRESS 11252 SOUTHTON PL
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

Aug 3, 2004 904 396 9533