

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000111050

1. Entity Name
TRIMSKI CORPORATION



Principal Place of Business
**2540 LONGPINE LANE
SAINT CLOUD, FL 34772**

Mailing Address
**2540 LONGPINE LANE
SAINT CLOUD, FL 34772**



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3688514

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TREPKOWSKI, PAUL P
2540 LONGPINE LANE
SAINT CLOUD, FL 34772**

**DO NOT WRITE
IN THIS SPACE**

B. 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

100000095515
03/24/04-80036-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TREPOWSKI, PAUL F
STREET ADDRESS	2540 LONGPINE LANE
CITY-ST-ZIP	SAINT CLOUD, FL 34772
TITLE	ST
NAME	TREPOWSKI, LEONARD C
STREET ADDRESS	2540 LONGPINE LANE
CITY-ST-ZIP	SAINT CLOUD, FL 34772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(f), 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

3-21-04

Date

Daytime Phone #

407-908-4722