


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90134 030 ***150.00

DOCUMENT # P01000119740					
1. Entity Name TRI-OCEANIC INDUSTRIES, INC.					
Principal Place of Business 1740 HULETT DR. TAMPA FL 33511-2250			Mailing Address 1740 HULETT DR. TAMPA FL 33511-2250		
2. Principal Place of Business		3. Mailing Address P.O. Box 1250			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BRANDON, FL		4. FEI Number 32-0016115	
Zip		Country		Applied For Not Applicable	
Zip 33509-1250		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IJEWERE, PATRICK DR. 1740 HULETT DR. TAMPA FL 33511-2250 BRANDON, FL 33509-1250			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IJEWERE, PATRICK 1740 HULETT DR. BRANDON TAMPA FL 33511-2250 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IJEWERE, SHIERESE 1740 HULETT DR <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IJEWERE, SHIERESE 1740 HULETT DR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANDON, FL <input type="checkbox"/> Delete 33509-1250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANDON, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition 33509-1250	
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	
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	
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	

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] **PATRICK IJEWERE**

Date

3/1/05 (813)

Daime Phone #

784-4400