


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90022 024 \*\*\*150.00

<b>DOCUMENT # P02000047596</b>		
1. Entity Name <b>COMMONWEALTH INSURANCE OF TRINITY, INC.</b>		

Principal Place of Business <b>8517 OLD CR 54 NEW PORT RICHEY, FL 34653</b>	Mailing Address <b>8517 OLD CR 54 NEW PORT RICHEY, FL 34653</b>
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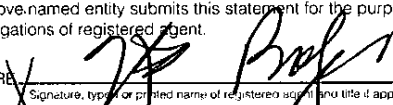
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number <b>04-3657117</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>RIZZOTTO, EDWARD G 1427 KINSMERE DR TRINITY, FL 34655</b>		7. Name and Address of New Registered Agent Name <b>John R. Bolger</b> Street Address (P.O. Box Number is Not Acceptable) <b>8517 Old County RD 54</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34653</b>	
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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.

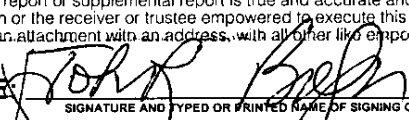
SIGNATURE  **John R. Bolger** DATE **1/5/06**

(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required for each reinstatement)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 4, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BOLGER, JOHN R 8517 OLD COUNTY ROAD 64 NEW PORT RICHEY, FL 34653</b> <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	<b>Rizzotto Edward G 1427 Kinsmere Dr Trinity, FL 34655</b> <input checked="" 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
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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 exemptions contained in Chapter 119, 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**  **John R. Bolger** DATE **1/5/06** DAYTIME PHONE **727-372-6988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR