

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000047596 1. Entity Name COMMONWEALTH INSURANCE OF TRINITY, INC.	
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Principal Place of Business 8517 OLD CR 54 NEW PORT RICHEY, FL 34653	Mailing Address 8517 OLD CR 54 NEW PORT RICHEY, FL 34653
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3657117	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOLGER, JOHN R
8517 OLD CNTY RD 54
NEW PORT RICHEY, FL 34653**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**1000000609722
02/01/07-80060-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BOLGER, JOHN R 8517 OLD COUNTY ROAD 64 NEW PORT RICHEY, FL 34653
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**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____