

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90039 040 ***150.00

DOCUMENT # P02000054758

1. Entity Name

TRA CONTRACTORS INCORPORATED



Principal Place of Business

2165 SUNNYDALE BLVD.
SUITE Q
CLEARWATER FL 33765

Mailing Address

2165 SUNNYDALE BLVD.
SUITE Q
CLEARWATER FL 33765

2. Principal Place of Business

2550 Success Drive

3. Mailing Address

2550 Success Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

Odessa, FL

Zip

33556

Country

USA

Zip

33556

Country

USA

4. FEI Number

03-0444850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, GREGORY P
2165 SUNNYDALE BLVD.
SUITE Q
CLEARWATER FL 33765

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALLEN, GREGORY P
STREET ADDRESS 2165 SUNNYDALE BLVD. # Q
CITY-ST-ZIP CLEARWATER FL 33765

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

GREGORY P. ALLEN
P. Allen

Date

Daytime Phone #

3/8/04