

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000056536	
1. Entity Name TRIKING INDUSTRIES, INC.	

Principal Place of Business 433 WALKER ST #2B HOLLY HILL, FL 32117	Mailing Address 433 WALKER ST #2B HOLLY HILL, FL 32117
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1694896	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCGUIRE, LARRY L 433 WALKER ST #2B HOLLY HILL, FL 32117	
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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000102920 04/05/04 08:03:15 023 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, LARRY L 1381 COSTA DEL SOL PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, KAREN S 1381 COSTA DEL SOL PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA MCGUIRE, TRAVIS W 3656 JACKSON ST., #8B PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Karen McGuire</i> Karen McGuire	4/1/04	386/348-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #