2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000062555

1. Entity Name
TRIGLOBAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
2098 SANDHILL LN NOKOMIS, FL 34275	2098 SANDHILL LN NOKOMIS, FL 34275

03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0705867
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VOIGT, STEPHEN F ESQ
VOIGT & VOIGT, P.A.
2042 BEE RIDGE RD
SARASOTA, FL 34239

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000078548
03/08/04-80030-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	PRESTON, FRANK
STREET ADDRESS	2098 SANDHILL LN
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	V
NAME	BEALL, DAVID
STREET ADDRESS	596 MOSSY CREEK DR
CITY-ST-ZIP	VENICE, FL 34292
TITLE	V
NAME	BEALL, JAMES
STREET ADDRESS	18171 LOST CREEK LN
CITY-ST-ZIP	SPRING LAKE, MI 49456
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)(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: Frank J. Preston FRANK J. PRESTON 3/2/2004 941-412-9587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #