

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000071513

1. Entity Name
TREY PUBLICATIONS, INC.



FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90004 012 ***150.00

Principal Place of Business
1084 NW FEDERAL HWY
STUART, FL 34994

Mailing Address
1084 NW FEDERAL HWY
STUART, FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number
35-2176969

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCH, STANLEY R III
3631 NW MILLOW CIRCLE DR
JENSEN BEACH, FL 34757

7. Name and Address of New Registered Agent

Name March Stanley R. III
Street Address (P.O. Box Number is Not Acceptable) 3631 N.W. Willow Creek Dr.
City Jensen Beach FL Zip Code 34957

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MARCH, STANLEY III
STREET ADDRESS 3631 NW WILLOW CREEK DR
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MARCH, STANLEY R. III ☐ Change ☐ Addition
NAME
STREET ADDRESS 3631 N.W. Willow Creek Dr.
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Stanley R. March III Stanley R. March III

1/12/04

(772) 692-7966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #