

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-14-2004 90004 012 ***150.00

DOCUMENT # P02000071513 1. Entity Name TREY PUBLICATIONS, INC.	
--	---

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	01082004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 35-2176969		
City & State	City & State	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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 <input type="checkbox"/> Delete NAME D STREET ADDRESS MARCH, STANLEY III CITY-ST-ZIP 3631 NW WILLOW CREEK DR FORT PIERCE, FL 34951	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MARCH, STANLEY R. III STREET ADDRESS 3631 N.W. Willow Creek Dr. CITY-ST-ZIP Jensen Beach, FL 34957	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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) 692-9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #