## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2004 08:00 AM Secretary of State

4	ANNUAL			Apr 09, 2004 08:00 A			
DOCU	MENT # P020001062	42			Seci	retary o	of State
1. Entity Name TRINITY INVESTMENTS INC.							
-	e of Business	Mailing Address					
4268 FRANC DELRAY BEA	CES DRIVE ICH, FL 33445	4268 FRANCES DRIVE Delray Beach, FL 33445					
			<u> </u>				
			01092004	No Chg-P	CR2E034 (10	0/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb			Applied For
				06-168		_ \$8.7	Not Applicable  5 Additional
	The second secon		<u>ئى ئىسىتىنى</u>	5. Certificate	of Status Desired	Fee Fi	equired
	6. Name and Address of Current Re	gistered Agent					
MEYER, DONALD E III 4268 FRANCES DRIVE				DO	<b>NOT WI</b>	RITE	
DELRAY BEACH, FL 33445				IN T	THIS SP	ΔCF	
				44.4	11110 01 1	HOL	
8. The above the obligat	named entity submits this statement for the	e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flori	ida, I am Iamillai	with, and accept
SIGNATURE							-
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE Registers	d Agent signalure required	when reinstaling)	<u></u>	C DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees	U00000 04/09/04-6	108015 30039_006	: 150 AN
10.	OFFICERS AND DI	RECTORS	_				
TITLE NAME	P MEYER, DONALD E III						
STREET ADORESS	4268 FRANCES DR						
CITY-ST-ZIF	DELRAY BEACH, FL 33445 S						
NAME	MEYER, JANE A						
STREET ADDRESS CITY+ST-ZIP	4268 FRANCES DR DELRAY BEACH, FL 33445						
TITLE		<del></del>	1				
NAME STREET ADDRESS							
CITY-ST-ZIP				DO	NOT W	RITE	
MIL				IN T	THIS SP	ACE	
NAME STREET ADDRESS							
CITY-ST-ZIP			<b>_</b>				-
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP				g 5 5			
TITLE NAME							
STREET ADDRESS			1				
CITY-ST-ZIP			•				

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/04

541-865-9940 Deyante Phone #