

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000110052

**FILED**  
**Mar 04, 2004**  
**Secretary of State**

**Entity Name:** TRI-PEXX DESIGN CONSULTANTS, INC.

**Current Principal Place of Business:**

5245 CANOE BEND DRIVE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

104 SARONA CIRCLE  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

5245 CANOE BEND DRIVE  
LAKE WORTH, FL 33463

**New Mailing Address:**

104 SARONA CIRCLE  
ROYAL PALM BEACH, FL 33411

**FEI Number:** 16-1637052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOVEL, LEROY N  
5245 CANOE BEND DRIVE  
LAKE WORTH, FL 33463

**Name and Address of New Registered Agent:**

STOVEL, LEROY N  
104 SARONA CIRCLE  
ROYAL PALM BEACH, FL 33411

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/04/2004

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STOVEL, LEROY N  
Address: 5245 CANOE BEND DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STOVEL, LEROY N  
Address: 104 SARONA CIRCLE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROY STOVEL

P

03/04/2004

Electronic Signature of Signing Officer or Director

Date