

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90245 028 \*\*\*150.00

**DOCUMENT # P02000121734**

1. Entity Name  
**TRINITY STONE & FABRICATION, INC.**



Principal Place of Business  
**210 NORTH ST.  
LONGWOOD, FL 32750**

Mailing Address  
**4337 DARDANELLE DR.  
ORLANDO, FL 32808**



04072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1161551**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, SCOTT E ESQ.  
111 N. ORANGE AVE., STE. 1200  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 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
NAME	DELUZIO, DONALD
STREET ADDRESS	6229 BLAKEFORD DR.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	VAN DYKE, DAVID
STREET ADDRESS	707 NINOLET AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	GREER, BARRY
STREET ADDRESS	1875 SW 4TH AVE. 0-8
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	D
NAME	WILLIAMS, DALE
STREET ADDRESS	9019 CLASSIC CT.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-06**

Date

**407-521-6655**

Daytime Phone #