

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000012102**

1. Entity Name  
**TRINITY RESTORATION SERVICE, INC.**



**FILED**

04 APR 21 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P.O. BOX 14385  
TALLAHASSEE, FL 32317

Mailing Address  
P.O. BOX 14385  
TALLAHASSEE, FL 32317

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

04202004 Chg-P CR2E034 (10/03) 04

4. FEI Number  
02-0671172

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MORRIS, LARRY S**  
**502 1/2 TERRACE ST**  
**TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent  
Name  
**MORRIS, LARRY S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2205 BRANBURY LANE**  
City  
**TALLAHASSEE** FL Zip Code  
**32308**

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 *Larry Morris*  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, LARRY S 502 1/2 TERRACE ST TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. KATHY S. MORRIS 2205 BRANBURY LANE TALLAHASSEE, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000035793560 05/10/04--01020--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Larry Morris* 4/21/04 852-222-4626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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