

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 30 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000021915	
1. Entity Name TRINITY CLEANING, INC.	



Principal Place of Business 2217 ATAPHA NENE TALLAHASSEE, FL 32301	Mailing Address 2217 ATAPHA NENE TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # 2319 Atapha Nene	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State FL
Zip 32301	Zip 32301
Country LEON	Country LEON



04302008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GERLIN, LANCE 325 N CALHOUN STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name: Jane M. Baird Street Address (P.O. Box Number is Not Acceptable): 2319 Atapha Nene City: Tall. FL Zip Code: 32301	
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: Jane M. Baird <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BAIRD, MAXIE 2217 ATAPHA NENE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/30/08--01007--016 **150.00

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 persons empowered.	
SIGNATURE: Jane M. Baird <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: Daytime Phone #