

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024334

FILED
Nov 17, 2004
Secretary of State

Entity Name: TRI-MOR, INC.

Current Principal Place of Business:

300 COLORADO AVE., #204
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

300 COLORADO AVE., #204
STUART, FL 34994

New Mailing Address:

FEI Number: 51-0446710 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPOTTS, MICHAEL K
300 COLORADO AVE., #204
STUART, FL 34994 US

Name and Address of New Registered Agent:

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

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBBINS, SAM
Address: 3802 OLEANDER AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BAKER, MARY R
Address: 3806 NW DEER OAK DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

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: MARY R. BAKER

VP

11/17/2004

Electronic Signature of Signing Officer or Director

_____ Date