


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P03000053917

1. Entity Name
TRINITY GENERAL CONTRACTORS INC.



Principal Place of Business
3540 SE LAKE WEIR AVE
OCALA, FL 34471

Mailing Address
3540 SE LAKE WEIR AVE
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0466670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, THOMAS J
4210 N.E. 13 STREET
OCALA, FL 34470

**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: *Thomas J. Sherman*, President DATE: 4/10/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERMAN, THOMAS J 3540 SE LAKE WEIR AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERMAN, ROBERT W SR 3540 SW LAKE WEIR AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADFORD, JAMES M 3540 SW LAKE WEIR AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 officers empowered.

SIGNATURE: *Thomas J. Sherman* Thomas J. Sherman 4/10/07 352-2361911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #