

**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**



04062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0466670**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/07  
DATE

**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 PD  
NAME SHERMAN, THOMAS J  
STREET ADDRESS 3540 SE LAKE WEIR AVE  
CITY-ST-ZIP Ocala, FL 34471

TITLE V  
NAME SHERMAN, ROBERT W SR  
STREET ADDRESS 3540 SW LAKE WEIR AVE.  
CITY-ST-ZIP Ocala, FL 34471

TITLE V  
NAME BRADFORD, JAMES M  
STREET ADDRESS 3540 SW LAKE WEIR AVE.  
CITY-ST-ZIP Ocala, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/18/07-80038-015 150.00

**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 officers empowered.

**SIGNATURE:**

Thomas J. Sherman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Sherman 4/16/07 352-2361911  
Date Daytime Phone #