

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053917

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** TRINITY GENERAL CONTRACTORS INC.

**Current Principal Place of Business:**

3540 SE LAKE WEIR AVE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

3540 SE LAKE WEIR AVE  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 51-0466670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHERMAN, THOMAS J  
Address: 3540 SE LAKE WEIR AVE  
City-St-Zip: Ocala, FL 34471

Title: V ( ) Delete  
Name: SHERMAN, ROBERT W SR  
Address: 3540 SW LAKE WEIR AVE.  
City-St-Zip: Ocala, FL 34471

Title: V ( ) Delete  
Name: BRADFORD, JAMES M  
Address: 3540 SW LAKE WEIR AVE.  
City-St-Zip: Ocala, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: V (X) Change ( ) Addition  
Name: SHERMAN, THOMAS J JR.  
Address: 3540 SW LAKE WEIR AVE.  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS J SHERMAN

PD

09/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date