

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90026 013 \*\*\*150.00

<b>DOCUMENT # P03000057682</b>																													
<b>1. Entity Name</b> TRISM SERVICE CORP.																													
<b>Principal Place of Business</b> 9598 VONN RD. SEMINOLE, FL 33776			<b>Mailing Address</b> 9598 VONN RD. SEMINOLE, FL 33776																										
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	01302004    Chg-P    CR2E034 (10/03)																									
<b>4. FEI Number</b> 92-0184999				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																						
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Not Applicable																													
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																										
BURKS, SALLY P 9598 VONN RD. SEMINOLE, FL 33776			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;"> <table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">FL</td> <td style="width:50%;">Zip Code</td> </tr> </table> </td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">FL</td> <td style="width:50%;">Zip Code</td> </tr> </table>	FL	Zip Code																		
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<b>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.</b>																													
<table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE _____</td> <td style="width:40%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width:30%; text-align: right;">DATE _____</td> </tr> </table>						SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____																					
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																										
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 like empowered.</b>																													
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