

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 13, 2004 8:00 am
Secretary of State

04-21-2004 90059 039 ***150.00

DOCUMENT # P03000063644	
1. Entity Name TRICK 360, INC.	

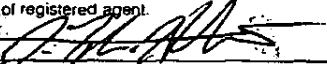
Principal Place of Business 503 N RIVERSIDE DRIVE JACKSONVILLE FL 32132	Mailing Address 503 N RIVERSIDE DRIVE JACKSONVILLE FL 32132
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2. Principal Place of Business 503 N. Riverside Dr.	3. Mailing Address 503 N. Riverside Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Edgewater, FL	City & State Edgewater, FL
Zip 32132	Zip 32132
Country	Country

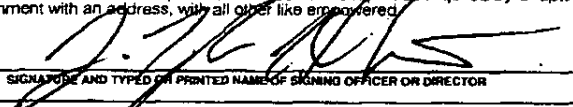
6. Name and Address of Current Registered Agent HERBERT, SHARON 503 N RIVERSIDE DRIVE JACKSONVILLE FL 32132 Edgewater	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code	
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8. 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:  DATE: 5/7/04 (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HERBERT, JOHN T 503 N RIVERSIDE DRIVE JACKSONVILLE FL 32132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Edgewater, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERBERT, SHARON R 503 N RIVERSIDE DRIVE JACKSONVILLE FL 32132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Edgewater, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/12/04 Daytime Phone #: (386) 314-3861

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MOORE CR2E034 (11/03)