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

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MOORE CR2E034 (11/03)

DOCUMENT # P03000063644

1. Entity Name

TRICK 360, INC.

Principal Place of Business	Mailing Address
503 N RIVERSIDE DRIVE JACKSONVILLE FL 32132	503 N RIVERSIDE DRIVE JACKSONVILLE FL 32132

2. Principal Place of Business		3. Mailing Address	
503 N. Riverside Dr.		503 N. Riverside Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Edgewater, FL		City & State: Edgewater, FL	
Zip: 32132	Country	Zip: 32132	Country

4. FEI Number: 30-0190861 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HERBERT, SHARON~~
503 N RIVERSIDE DRIVE
~~JACKSONVILLE~~ FL 32132
Edgewater

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City Zip Code

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 [signature] [signature] 5/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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	Edgewater, FL 32132	☒ Change ☐ Addition
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	Edgewater, FL 32132	☒ Change ☐ Addition
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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] 4/12/04 (386) 314-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #