

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90424 020 ***150.00

DOCUMENT # P03000063644

1. Entity Name
TRICK 360, INC.



Principal Place of Business
503 N RIVERSIDE DRIVE
EDGEWATER, FL 32132

Mailing Address
503 N RIVERSIDE DRIVE
EDGEWATER, FL 32132

66016152



DO NOT WRITE IN THIS SPACE

04042006 No Chg-P CR2E034 (11/05)

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
EDGEWATER, FL 32132

**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

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

(NOTE: Registered Agent signature is required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------------------------|--|
| TITLE NAME | PSTD HERBERT, JOHN T |
| STREET ADDRESS CITY - ST - ZIP | 503 N RIVERSIDE DRIVE EDGEWATER, FL 32132 |
| TITLE NAME | VD HERBERT, SHARON R |
| STREET ADDRESS CITY - ST - ZIP | 503 N RIVERSIDE DRIVE EDGEWATER, FL 32132 |
| TITLE NAME | |
| STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME | |
| STREET ADDRESS CITY - ST - ZIP | |

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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 like empowered.

SIGNATURE:

Sharon R. Herbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-06 386-423-5515

Date

Daytime Phone #