

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00
Secretary of State

DOCUMENT # P03000066430

1. Entity Name

T.R. ENTERPRISES INT'L, INC.



Principal Place of Business

314 ANTILLA ST.
LAKELAND, FL 33805 FL

Mailing Address

P.O. BOX 93339
LAKELAND, FL 33804 US



02162005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3762418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, TIMOTHY R
310 ANTILLA STREET
LAKELAND, FL 33805

**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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000247210
03/01/05-80013-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURKE, TIMOTHY R
STREET ADDRESS	314 ANTILLA ST.
CITY - ST - ZIP	LAKELAND, FL 33805
TITLE	COB
NAME	BURKE, TIMOTHY R
STREET ADDRESS	314 ANTILLA ST.
CITY - ST - ZIP	LAKELAND, FL 33805
TITLE	VP
NAME	BURKE, VICKIE L
STREET ADDRESS	314 ANTILLA ST.
CITY - ST - ZIP	LAKELAND, FL 33805
TITLE	SEC
NAME	BURKE, VICKIE L
STREET ADDRESS	314 ANTILLA ST.
CITY - ST - ZIP	LAKELAND, FL 33805
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Burke 2-21-05 863-616-9188

Date

Daytime Phone #