

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90372 050 ***150.00

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1. Entity Name
T.R. ENTERPRISES INT'L, INC.



Principal Place of Business
314 ANTILLA ST.
LAKELAND, FL 33805

Mailing Address
P.O. BOX 93339
LAKELAND, FL 33804 US

40074340



02242006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 STREET ADDRESS CITY-ST-ZIP	P BURKE, TIMOTHY R 314 ANTILLA ST. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB BURKE, TIMOTHY R 314 ANTILLA ST. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKE, VICKIE L 314 ANTILLA ST. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BURKE, VICKIE L 314 ANTILLA ST. 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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/06