



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 03, 2004 8:00 am
Secretary of State

02-13-2004 90004 006 ***150.00

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DOCUMENT # P03000081227					
1. Entity Name ALAN TRIGG, INC.					
Principal Place of Business % SPINNER DITTMAN FEDERSPIEL & DOWLING 151 N.W. FIRST AVENUE DELRAY BEACH, FL 33444			Mailing Address % SPINNER DITTMAN FEDERSPIEL & DOWLING 151 N.W. FIRST AVENUE DELRAY BEACH, FL 33444		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. EEI Number 56-2382802	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DITTMAN, ROBERT A % SPINNER DITTMAN FEDERSPIEL & DOWLING 151 N.W. FIRST AVENUE DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name ALAN TRIGG Street Address (P.O. Box Number is Not Acceptable) 6813 PRADERA DR City BOCA RATON FL 33433		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D TRIGG, ALAN 6813 PEADERA DRIVE BOCA RATON, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6813 PRADERA DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: ALAN E TRIGG  2-28-04 561483875					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					