

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2005 8:00 am
Secretary of State

09-14-2005 90001 025 ***150.00

DOCUMENT # P03000110488

1. Entity Name
TRINITY LIQUIDATIONS, INC.



Principal Place of Business
2620 8TH AVENUE N
ST. PETERSBURG, FL 33713

Mailing Address
2620 8TH AVENUE N
ST. PETERSBURG, FL 33713

50066726



2. Principal Place of Business
2424 MAYDELL DR
Suite, Apt. #, etc.

3. Mailing Address
2424 MAYDELL DR.
Suite, Apt. #, etc.

09122005 Chg-P CR2E034 (10/03)

City & State
TAMPA FL
Zip 33619 Country

City & State
TAMPA FL
Zip 33619 Country

4. FEI Number
45-0525132
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAFFER, HEIDI
2620 8TH AVENUE N
ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name
SHAFFER, HEIDI
Street Address (P.O. Box Number is Not Acceptable)
2424 MAYDELL DR.
City TAMPA FL Zip Code 33619

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 *Heidi Shaffer* HEIDI SHAFFER. 9-12-05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SHAFFER, HEIDI
STREET ADDRESS 2620 8TH AVENUE N
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIP ☒ Change ☐ Addition
NAME SHAFFER, HEIDI
STREET ADDRESS 2424 MAYDELL DR.
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Heidi Shaffer* HEIDI SHAFFER, PRES. 9-12-05
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #