

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90110 002 ***150.00

DOCUMENT # P03000130609

1. Entity Name
TRIMAC ASSOCIATES, INC.



Principal Place of Business
1175 FAIRWAY DRIVE
DUNEDIN, FL 34698

Mailing Address
1175 FAIRWAY DRIVE
DUNEDIN, FL 34698

50002749



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-0627977

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCULLOUGH, CLYDE W
1175 FAIRWAY DR.
DUNEDIN, FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME MCCULLOUGH, JACKIE E
STREET ADDRESS 660 ISLAND WAY #707
CITY-ST-ZIP CLEARWATER, FL 33767

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

TITLE D ☐ Delete
NAME MCCULLOUGH, CLYDE W
STREET ADDRESS 1175 FAIRWAY DRIVE
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE ☒ Change ☐ Addition
NAME V/S
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCCULLOUGH, C. ELLIOT
STREET ADDRESS 1105 SHILOH DRIVE
CITY-ST-ZIP NASHVILLE, TN 37205

TITLE ☒ Change ☐ Addition
NAME P ELLIOTT
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 #

3/13/06 727-734-0020