2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P04000015074

Entity Name: TRINITY MAINTENANCE SERVICES INC

Current Principal Place of Business:

4804 CLYDE DRIVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

4804 CLYDE DRIVE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BACON, MILDRED
818 MONTE CARLO ROAD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEE,
Address: 4804 CLYDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: EVP ( ) Delete
Name: SIMPSON, JERRY JR
Address: 5592 BISHOP CIRCLE, N
City-St-Zip: JACKSONVILLE, FL 32207

Title: TREA ( ) Delete
Name: MYERS, DAVEN
Address: 8107 CONCORDE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32208

Title: DIR ( ) Delete
Name: WILLIAMS, HARRY
Address: 1151 VAN BUREN STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN S. HAROLD CPA 04/30/2008

Electronic Signature of Signing Officer or Director Date