

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016032

Entity Name: TRIMLINE CENTRAL, INC.

FILED
Jul 08, 2005
Secretary of State

Current Principal Place of Business:

6500 W APPOMTTOX LN
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

6500 W APPOMTTOX LN
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 86-1097077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAKELAND, LESTER
6500 W APPOMATTOX LN
HOMOSASSA, FL 34448 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WAKELAND, LESTER
Address: 6500 W APPOMATTOX LN
City-St-Zip: HOMOSASSA, FL 34448

Title: T () Delete
Name: WAKELAND, MARY
Address: 6500 W APPOMATTOX LN
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: LESTER WAKELAND

PRES

07/08/2005

Electronic Signature of Signing Officer or Director

Date