


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000047896 1. Entity Name TRINITY MANOR DEVELOPMENT, INC.	
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Principal Place of Business
**10315 FULTON AVE
BROOKSVILLE, FL 34613**

Mailing Address
**10315 FULTON AVE
BROOKSVILLE, FL 34613**



DO NOT WRITE IN THIS SPACE

04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0887121	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

**WALKER, ALLAN
10315 FULTON AVE
BROOKSVILLE, FL 34613**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE	DPS
NAME	WALKER, ALLAN
STREET ADDRESS	10315 FULTON AVE
CITY-ST-ZIP	BROOKSVILLE, FL 34613

TITLE	DVTS
NAME	WALKER, KATHE B
STREET ADDRESS	10315 FULTON AVE
CITY-ST-ZIP	BROOKSVILLE, FL 34613

TITLE	VP
NAME	HUGHES, TIMOTHY
STREET ADDRESS	10315 FULTON AVENUE
CITY-ST-ZIP	BROOKSVILLE, FL 34613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/06-80065-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **ALLAN WALKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-06
Date

Daytime Phone #