

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90065 004 \*\*\*150.00

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<b>DOCUMENT # P04000058540</b>					
<b>1. Entity Name</b> TRICKEY JENNUS GROUP INC					
<b>Principal Place of Business</b> 8449 BOCA CIEGA DR ST PETE BEACH, FL 33706 US			<b>Mailing Address</b> 8449 BOCA CIEGA DR ST PETE BEACH, FL 33706 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0981828	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TRICKEY BERGQUIST, COLLEEN 8449 BOCA CIEGA DR ST PETE BEACH, FL 33706			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> TRICKEY BERGQUIST, COLLEEN		<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8449 BOCA CIEGA DR	<b>CITY-ST-ZIP</b> ST PETE BEACH, FL 33706		<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP	<b>NAME</b> NORTON, MICHAEL G		<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8449 BOCA CIEGA DR	<b>CITY-ST-ZIP</b> ST PETE BEACH, FL 33706		<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S	<b>NAME</b> TRICKEY BERGQUIST, COLLEEN		<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8449 BOCA CIEGA DR	<b>CITY-ST-ZIP</b> ST PETE BEACH, FL 33706		<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T	<b>NAME</b> NORTON, MICHAEL G		<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8449 BOCA CIEGA DR	<b>CITY-ST-ZIP</b> ST PETE BEACH, FL 33706		<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> <input type="checkbox"/> Delete	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> <input type="checkbox"/> Delete	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> Colleen Trickey Bergquist			2/16/05 7273636462		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Colleen Trickey Bergquist			Date Daytime Phone #		