

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092603

Entity Name: TRINITY AIR SERVICES, INC.

FILED  
Jul 14, 2008  
Secretary of State

## Current Principal Place of Business:

117 AUBURN ROAD  
FT WALTON BEACH, FL 32547

## New Principal Place of Business:

## Current Mailing Address:

231 TIGERWAY  
PEACHTREE CITY, GA 30269

## New Mailing Address:

FEI Number: 20-1255514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VENTRIGLIA, LOUIS A  
117 AUBURN ROAD  
FORT WALTON BEACH, FL 32547 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: DP ( ) Delete  
Name: VENTRIGLIA, LOUIS A  
Address: 805 NATCHEZ COURT  
City-St-Zip: PEACHTREE CITY, GA 30269

Title: DST ( ) Delete  
Name: EUBANKS, ROBERT C  
Address: 105 ACTON DRIVE  
City-St-Zip: FAYETTEVILLE, GA 30215

Title: DVP ( ) Delete  
Name: LEONARDI, MICHAEL J  
Address: 311 W. MARIGOLD AVE.  
City-St-Zip: FOLEY, AL 36535

## 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:

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: LOUIS VENTRIGLIA

OWNE

07/14/2008

Electronic Signature of Signing Officer or Director

Date