

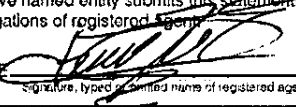



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90125 035 ***150.00

DOCUMENT # P04000095842 1. Entity Name TRILCO OF FLORIDA, INC.					
Principal Place of Business 2901 SW 41ST ST., APT. 908 OCALA, FL 34477			Mailing Address 2901 SW 41ST ST., APT. 908 OCALA, FL 34477		
2. Principal Place of Business 4200 NE 35th Street Suite, Apt. #, etc.		3. Mailing Address Post Office Box 770208 Suite, Apt. #, etc.			
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 43-205-4937	
Zip 34479		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEGIRR, BOB 2901 SW 41ST ST., APT. 908 OCALA, FL 34477			7. Name and Address of New Registered Agent Name Jose Ortega Street Address (P.O. Box Number is Not Acceptable) 4200 NE 35th Street City Ocala FL Zip Code 34479		
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 		JOSE ORTEGA, Registered Agent		4-27-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GASPAR, CASIMIRO 264 B. OHIO ST. UNION, NJ 07083	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P <input type="checkbox"/> Change <input type="checkbox"/> Addition GASPAR, CASIMIRO 264 B OHIO STREET UNION, NJ 07083		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MEGIRR, ROBERT 2901 SW 41ST ST., APT. 408 OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition MARCHI, RICARDO 619 FLICKER STREET CONCORD, NC 28027		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARCHI, RICARDO 619 FLICKER ST. CONCORD, NC 28027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERIC LEWIS 504 WESTCHASE DRIVE CHARLESTON, SC 29407		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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; and that I am duly 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 a:					
SIGNATURE: 		April 25, 2005 843-852-2290 Date Daytime Phone #			