

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108046

FILED  
May 01, 2006  
Secretary of State

Entity Name: TRINITY INSURANCE & FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

2133 SE FORT KING ST  
OCALA, FL 34471

## New Principal Place of Business:

2810 NE 14TH ST  
OCALA, FL 34470

## Current Mailing Address:

2133 SE FORT KING ST  
OCALA, FL 34471

## New Mailing Address:

2810 NE 14TH ST  
OCALA, FL 34470

FEI Number: 20-1401108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEAN, MELISSA  
2133 SE FT KING STREET  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

HENRY, BARBARA  
2810 NE 14TH ST  
OCALA, FL 34470 US

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: BARBARA HENRY

05/01/2006

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: SEC (X) Delete  
Name: WILDING, THOMAS RICHARD  
Address: 4411 NE 3RD ST  
City-St-Zip: OCALA, FL 34470

Title: VPD ( ) Delete  
Name: HENRY, BARBARA  
Address: 3345 SE 53RD CT  
City-St-Zip: OCALA, FL 34471

Title: PRD (X) Delete  
Name: DEAN, MELISSA  
Address: 4433 SE 11TH PLACE  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: HENRY, BARBARA  
Address: 3345 SE 53RD CT  
City-St-Zip: OCALA, FL 34471

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 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: BARBARA HENRY

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date