



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90094 002 \*\*\*150.00

<b>DOCUMENT # P05000030320</b> 1. Entity Name <b>J. TRINITY INVESTMENTS INC</b>					
Principal Place of Business <b>400 ORANGE STREET TITUSVILLE, FL 32796</b>			Mailing Address <b>400 ORANGE STREET TITUSVILLE, FL 32796</b>		
2. Principal Place of Business <b>5155 VOLUSIA AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>5155 VOLUSIA AVE</b> Suite, Apt. #, etc.			
City & State <b>TITUSVILLE FL</b>		City & State <b>TITUSVILLE, FL</b>		4. FEI Number <b>20-241 0616</b>	
Zip <b>32780</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VENUTI, LOUIS 400 ORANGE STREET TITUSVILLE, FL 32796</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LEVINS-JUAREZ, KATHRYN M</b> <b>1385 CLEVELAND STREET</b> <b>TITUSVILLE, FL 32780</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MENDOZA, KATHRYN M.</b> <b>5155 VOLUSIA AVE</b> <b>TITUSVILLE, FL 32780</b>	
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	
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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.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					