

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000065528

Entity Name: TRIUNE BUILDERS, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

7770 S.E. MACCO FARMS ROAD  
HOBE SOUND, FL 33455

## **New Principal Place of Business:**

7770 S.E. MACCO FARMS ROAD  
HOBE SOUND, FL 33455 US

## **Current Mailing Address:**

P.O. BOX 631  
HOBE SOUND, FL 33475

## **New Mailing Address:**

P.O. BOX 631  
HOBE SOUND, FL 33475 US

FEI Number: 30-0313663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

AUSTIN, ROBERT A  
7770 S.E. MACCO FARMS RD.  
HOBE SOUND, FL 33455 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

## **OFFICERS AND DIRECTORS:**

Title: DPST  
Name: AUSTIN, ROBERT A  
Address: 7770 SE MACCO FARMS RD  
City-St-Zip: HOBE SOUND, FL 33455 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. AUSTIN

DPST

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date