


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90342 016 ***150.00

DOCUMENT # P05000130488		
1. Entity Name JTRINKAUS, INC.		

Principal Place of Business 6840 44TH STREET NORTH PINELLAS PARK, FL 33781 US	Mailing Address 6840 44TH STREET NORTH PINELLAS PARK, FL 33781 US
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2. Principal Place of Business 1645 Leybourne Loop Suite, Apt. #, etc.	3. Mailing Address 1645 Leybourne Loop Suite, Apt. #, etc.
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City & State Wesley Chapel FL	City & State Wesley Chapel FL
Zip 33543	Country USA

6. Name and Address of Current Registered Agent TRINKAUS, JOSEPH R 6840 44TH STREET NORTH PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1645 Leybourne Loop City Wesley Chapel FL Zip Code 33543	
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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: Joe Trinka DATE: 4.18.06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TRINKAUS, JOSEPH R 6840 44TH STREET NORTH PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1645 Leybourne Loop Wesley Chapel, FL 33543
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
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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 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.

SIGNATURE: Joe Trinka Joe Trinka DATE: 4.18.06 7276920431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

60028785



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