

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 13, 2006 8:00 am
Secretary of State

04-03-2006 90403 005 ***150.00

DOCUMENT # P05000157591					
1. Entity Name S & K TRINITY PARTNERSHIP INC.					
Principal Place of Business 4628 AVENUE, LONGCHAMPS LUTZ, FL 33558			Mailing Address 4628 AVENUE, LONGCHAMPS LUTZ, FL 33558		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3918820	
5. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name <u>Steve Chojnacki</u> Street Address (P.O. Box Number is Not Acceptable) <u>4628 Ave Longchamps</u> City <u>Lutz FL</u> <u>FL</u> Zip Code <u>33558</u>	
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 <u>Steve Chojnacki</u> <u>Steve Chojnacki</u> <u>3-27-06</u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS: \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	PTD CHOJNACKI, STEVE 4628 AVENUE, LONGCHAMPS LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD CHOJNACKI, KELLI 4628 AVENUE, LONGCHAMPS LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
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: <u>Steve Chojnacki</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-27-06</u> <small>Date</small>		<u>813-242-7800</u> <small>Daytime Phone #</small>	

66009913



03262006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name Steve Chojnacki
Street Address (P.O. Box Number is Not Acceptable)
4628 Ave Longchamps
City Lutz FL FL Zip Code 33558

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 Steve Chojnacki Steve Chojnacki 3-27-06
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS: \$150.00
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10. OFFICERS AND DIRECTORS

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD CHOJNACKI, KELLI 4628 AVENUE, LONGCHAMPS LUTZ, FL 33558	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Steve Chojnacki 3-27-06 813-242-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #