

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021370

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: TRIAD RESIDUAL MANAGEMENT, INC.

## Current Principal Place of Business:

1980 W TEN MILE RD  
CANTONMENT, FL 32533

## New Principal Place of Business:

## Current Mailing Address:

1980 W TEN MILE RD  
CANTONMENT, FL 32533

## New Mailing Address:

FEI Number: 20-4362810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NELSON, ROYCE A  
1980 W TEN MILE RD  
CANTONMENT, FL 32533 US

## Name and Address of New Registered Agent:

NELSON, LEIGH A  
1980 W TEN MILE RD  
CANTONMENT, FL 32533 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: LEIGH ALLISON NELSON

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NELSON, ROYCE A  
Address: 1980 W TEN MILE RD  
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: NELSON, LEIGH A  
Address: 1980 W TEN MILE RD  
City-St-Zip: CANTONMENT, FL 32533

Title: VP ( ) Change (X) Addition  
Name: NELSON, ROYCE A  
Address: 1980 WEST TEN MILE ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: SEC ( ) Change (X) Addition  
Name: NELSON, LEIGH A  
Address: 1980 WEST TEN MILE RD.  
City-St-Zip: CANTONMENT, FL 32533

Title: TREA ( ) Change (X) Addition  
Name: NELSON, ROYCE A  
Address: 1980 WEST TEN MILE ROAD  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify 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: LEIGH ALLISON NELSON

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date