

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90007 015 ***550.00

DOCUMENT # P06000045515

1. Entity Name:

TRINITY DRYWALL & FINISHING CORPORATION



Principal Place of Business

105 NE 9 PL
CAPE CORAL FL 33909
US

Mailing Address

105 NE 9TH PLACE
CAPE CORAL FL 33909



2. Principal Place of Business - No P.O. Box #

1136 Pine Island Rd

3. Mailing Address

1136 Pine Island Rd

Suite, Apt. #, etc.

Suite 37

Suite, Apt. #, etc.

Suite 37

City & State

Cape Coral, FL

City & State

Cape Coral, FL

33909

Country

Lee

33909

Country

Lee

2nd MOORE

CR2E034 (4/07)

4. FEI Number

20-4592565

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, BRENDA R
105 NE 9TH PLACE
CAPE CORAL FL 3390-9

7. Name and Address of New Registered Agent

Name: Brenda Figueroa

Street Address (P.O. Box Number is applicable): 1136 Pine Island Rd

Suite 37

City: CAPE CORAL

FL

Zip: 33909

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

Brenda R. Figueroa

7/19/07

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	FIGUEROA, BRENDA R	
STREET ADDRESS	105 NE 9TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	V	☐ Delete
NAME	FIGUEROA, BRENDA R	
STREET ADDRESS	105 NE 9TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	ST	☐ Delete
NAME	FIGUEROA, BRENDA R	
STREET ADDRESS	105 NE 9TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	☐ Delete
NAME	RAMOS, NORMA	
STREET ADDRESS	515 NE 19 PL	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Brenda R. Figueroa

7/19/07

440-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #