
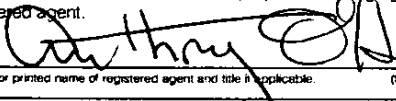
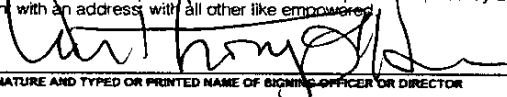


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90056 044 \*\*\*150.00

<b>DOCUMENT # P06000087024</b> 1. Entity Name <b>TRINITY CONTRACTORS &amp; CONSTRUCTION SERVICES, INC.</b>			
Principal Place of Business <b>4260 NW 36TH WAY LAUDEDAL LAKES, FL 33309</b>		Mailing Address <b>4260 NW 36TH WAY LAUDEDAL LAKES, FL 33309</b>	
2. Principal Place of Business - No P.O. Box # <b>6289 W. SUNRise BLVD</b>		3. Mailing Address <b>4260 NW 36 WAY</b>	
Suite, Apt. #, etc. <b>SUITE 256</b>		Suite, Apt. #, etc. 	
City & State <b>SUNRise FL.</b>		City & State <b>LAUDEDAL LAKES FL.</b>	
Zip <b>33313</b>		Zip <b>33309</b>	
Country <b>US</b>		Country <b>US</b>	
6. Name and Address of Current Registered Agent  <b>O'HARA, ANTHONY 4260 NW 36TH WAY LAUDEDAL LAKES, FL 33309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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:  <span style="float: right;">3/2/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	NAME <b>O'HARA, ANTHONY</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>4260 NW 36TH WAY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP <b>LAUDEDAL LAKES, FL 33309</b>			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		Date: <b>3/2/07</b> Daytime Phone #: <b>954 214 7075</b>	

40029431



03022007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5141447** Applied For ☐ Not Applicable ☒

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