

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000105775

Entity Name: TRIAD SERVICES, INC.

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

216 NE 8TH AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

114 MARLIN DRIVE  
OCEAN RIDGE, FL 33435

**Current Mailing Address:**

216 NE 8TH AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

114 MARLIN DRIVE  
OCEAN RIDGE, FL 33435

FEI Number: 20-5384294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEBDING, PAMELA M ESQ  
216 NE 8TH AVE  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

HEBDING, PAMELA M ESQ  
114 MARLIN DRIVE  
OCEAN RIDGE, FL 33435 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: PAMELA HEBDING

01/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: HEBDING, PAMELA M  
Address: 114 MARLIN DRIVE  
City-St-Zip: OCEAN RIDGE, FL 33435

I hereby 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 all other like empowered.

SIGNATURE: PAMELA HEBDING

PRES

01/10/2012

Electronic Signature of Signing Officer or Director

Date