

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90116 001 \*\*\*150.00

02-06-2008 90116 002 \*\*\*\*\*8.75

**DOCUMENT # P06000110309**

1. Entity Name

**TRIAD PROFESSIONAL SERVICES, INC.**



Principal Place of Business

**937 BIRMINGHAM CT.**

**207**

**LAKE MARY, FL 32746 US**

Mailing Address

**937 BIRMINGHAM CT.**

**207**

**LAKE MARY, FL 32746 US**

00000101



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**61-1509571**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MUNIZZI, JOHN**

**937 BIRMINGHAM CT.**

**207**

**LAKE MARY, FL 32746**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MUNIZZI, JOHN
STREET ADDRESS	937 BIRMINGHAM CT. #207
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VP
NAME	MUNIZZI, LEE
STREET ADDRESS	2009 LONGWOOD LAKE MARY ROAD- SUITE 1015
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	S-T
NAME	MUNIZZI, JOHN
STREET ADDRESS	937 BIRMINGHAM CT. #207
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #