

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148236

FILED
Apr 28, 2008
Secretary of State

Entity Name: TRINITY WORKS CORPORATION

Current Principal Place of Business:

100 DUGGAN AVENUE
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

1020 SOUTH FERDON BLVD.
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 59-3233276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELTON & WILLIAMSON
1020 SOUTH FERDON BLVD.
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GEORGE, KERMIT H
Address: 114 EAST CEDAR AVE.
City-St-Zip: CRESTVIEW, FL 32536 US

Title: DVP () Delete
Name: DAY, JOHN G
Address: 5736 HWY 85 NORTH
City-St-Zip: CRESTVIEW, FL 32536 US

Title: D () Delete
Name: HINSON, CHARLIE G
Address: P.O. BOX 878
City-St-Zip: CRESTVIEW, FL 32536

Title: D (X) Delete
Name: THOMPSON, ALEX
Address: 544 NORTH MAIN ST.
City-St-Zip: CRESTVIEW, FL 32536

Title: D (X) Delete
Name: EPPERSON, PAT E
Address: 372 N. 9TH STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D (X) Delete
Name: WELTON, MARK H
Address: 1020 SOUTH FERDON BLVD.
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: THOMPSON, ALEX G
Address: 544 NORTH MAIN ST.
City-St-Zip: CRESTVIEW, FL 32536 US

Title: CC (X) Change () Addition
Name: WELTON, MARK
Address: 1020 SOUTH FERDON BLVD.
City-St-Zip: CRESTVIEW, FL 32536

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK WELTON

CC

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date