

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157142

Entity Name: TRINITY CREAMERY, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

10710 STATE ROAD 54
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

10710 STATE ROAD 54
UNIT 103
NEW PORT RICHEY, FL 346552217

Current Mailing Address:

14167 WADSWORTH DR.
ODESSA, FL 335564303

New Mailing Address:

FEI Number: 20-8108004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, CATHERINE
14167 WADSWORTH DR.
ODESSA, FL 335564303 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: P () Delete
Name: BYRNE, ROBERT J
Address: 14167 WADSWORTH DR.
City-St-Zip: ODESSA, FL 33556

Title: VP () Delete
Name: MCKEY, JOHN
Address: 15201 PLANTATION OAKS DR., APT #7
City-St-Zip: TAMPA, FL 33647

Title: SEC () Delete
Name: MCKEY, MARY
Address: 15201 PLANTATION OAKS DR., APT #7
City-St-Zip: TAMPA, FL 33647

Title: TREAS () Delete
Name: BYRNE, CATHERINE
Address: 14167 WADSWORTH DR.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT J. BYRNE

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date