## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007435

**Entity Name: TRINITY INSURANCE GROUP INC** 

FILED Jan 22, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

7660 N STATE ROAD 7

COCONUT CREEK, FL 33073 US

**New Mailing Address: Current Mailing Address:** 

7660 N STATE ROAD 7 7660 N STATE ROAD 7

COCONUT CREEK, FL 33073 US COCONUT CREEK, FL 33073 US

FEI Number: 35-2322482 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WILLIAMSON, HURCHELL WILLIAMSON, HURCHELL 11181 LAUREL WALK RD 124 SPRUCE ST

124 SPRUCE ST, FL 33426 WELLINGTON, FL 33449 US 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: 01/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete Title: (X) Change ( ) Addition

WILLIAMSON, HURCHELL WILLIAMSON, HURCHELL Name: Name: Address: 124 SPRUCE ST

11181 LAUREL WALK RD Address:

City-St-Zip: WELLINGTON, FL 33449 US City-St-Zip: 124 SPRUCE ST, FL 33426 US

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.

Ρ SIGNATURE: HURCHELLWILLIAMSON 01/22/2009