

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000075025

Entity Name: TRLT, INC.

**FILED**  
**Jul 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

542 SYLVIA RD.  
W. MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

542 SYLVIA RD.  
W. MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 26-3155191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LESTER, TODD R  
542 SYLVIA RD.  
W. MELBOURNE, FL 32904 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: LESTER, TODD R  
Address: 542 SYLVIA RD.  
City-St-Zip: W. MELBOURNE, FL 32904

Title: DT  
Name: LESTER, CHRISTINE  
Address: 542 SYLVIA RD.  
City-St-Zip: W. MELBOURNE, FL 32904

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: TODD R LESTER

DPS

07/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date