

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000020982

FILED  
Mar 17, 2012  
Secretary of State

Entity Name: TREVANSOFT CORPORATION

**Current Principal Place of Business:**

9436 LEATHERWOOD AVE.  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

9436 LEATHERWOOD AVE.  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 26-4455815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CILLO, NORMAN  
9436 LEATHERWOOD AVE.  
TAMPA, FL 33647 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: CEO  
Name: CILLO, NORMAN  
Address: 9436 LEATHERWOOD AVE.  
City-St-Zip: TAMPA, FL 33647

Title: CSA  
Name: LAMANNA, PETER  
Address: 14045 BEAR CREEK RD. NE  
City-St-Zip: WOODVILLE, WA 98077

Title: COO  
Name: MATHEWS, JAY  
Address: 10418 SEDGEBROOK DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: CIO  
Name: TRENT, ROD  
Address: 1369 MIDDLETOWN-EATON ROAD  
City-St-Zip: MIDDLETOWN, OH 45042

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: NORMAN CILLO

CEO

03/17/2012

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

\_\_\_\_\_  
Date