

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90455 023 \*\*\*150.00

**DOCUMENT # P92000000621**

1. Entity Name  
**T R V CONSULTING, INC**



Principal Place of Business  
**4120-A PALM BAY CIRCLE  
WEST PALM BEACH, FL 33406 US**

Mailing Address  
**10578 LAKESHORE DR  
WELLINGTON, FL 33414 US**

2. Principal Place of Business  
**10578 Lakeshore Dr.**

3. Mailing Address  
**same as mailing**

Suite, Apt. #, etc.  
**Wellington, FL**

City & State  
**above**

Zip  
**33414**

Country  
**USA**



03152005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**VICINANZA, TAMI R  
3782 OLD LIGHTHOUSE CIR  
WELLINGTON, FL 33414**

4. FEI Number  
**65-0364539**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Tami R Vicinanza** (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VICINANZA, TAMI R 3782 OLD LIGHTHOUSE CIR WELLINGTON, FL 33414</b> <b>TRV</b> <b>old address</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 judge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tami R Vicinanza** **4/21/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #