2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90032 035 ***150.00

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1. Entity Name
TRINITY ESTATE PLANNERS, INC.

4UUU4444

01172005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2072 VICTORIA AVE FT MYERS, FL 33901 US	PO BOX 9223 FT MYERS, FL 33902 US

2. Principal Place of Business	3. Mailing Address
5310 MAJESTIC CT.	650 COLUMBIA ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #314
City & State: CAPE CORAL FL	City & State: SAN DIEGO CA 92101
Zip: 33904 / Country	Zip: 92101 / Country

4. FEI Number 65-0425147 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OROSZ, DAVID L 1900 CLIFFORD ST #304 FT MYERS, FL 33901	Name Box Number in Not Acceptable 5310 MAJESTIC CT. City: CAPE CORAL FL Zip Code: 33904

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 _____ 1-20-05
Signature, typed or printed name of registered agent and title if applicable (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	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	OROSZ, DOROTHY	NAME	
STREET ADDRESS	1900 CLIFFORD ST #304	STREET ADDRESS	650 COLUMBIA ST. #314
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	SAN DIEGO CA 92101
TITLE	T ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	OROSZ, DAVID L	NAME	
STREET ADDRESS	1900 CLIFFORD ST SUITE 304	STREET ADDRESS	650 COLUMBIA ST. #314
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	SAN DIEGO CA 92101
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 trustee 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: _____ TREASURER (DAVID) L.OROSZ 1-20-05 (619) 239-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #