

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2004 8:00 am Secretary of State 02-17-2004 90042 001 ***150.00 DOCUMENT # P93000008223 TREND MANUFACTURING CORP. Principal Place of Business Mailing Address 9061 130TH AVE'N 9061 130TH AVE N 712 712 LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3164502 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN HOUT 5 Street Address (P.O. Box Number is Not Acceptable) 101 CRESTWOOD LANE LARGO, FL 33770 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. 2-10-04 ignature typed or printed name of registered agent and title if applicable. John Houts Part (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 🗶 Delete TITLE TITLE ☐ Change ☐ Addition HOUTS, RICHARD NAME NAME STREET ADDRESS 203 HARBOR BLUFF DRIVE STREET ADDRESS LARGO, FL 33770 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition HOUTS, JOHN NAME NAME 101 CRESTWOOD LANE STREET ADDRESS STREET ADDRESS LARGO, FL 33770 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition carol Houts NAME NAME 9001 130+1 Ave N. #712 STREET ADDRESS STREET ADDRESS argo, FL 33773 CITY-ST-ZIP CITY-ST-ZIP TITLE X Addition TITI F ☐ Delete ☐ Change Pamela campbell 9061 1304" AJE N. 4712 NAME NAME STREET ADDRESS STREET ADDRESS LATGO FL CITY-ST-7IP 33773 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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.

John Houts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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