

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90130 016 \*\*\*150.00

**DOCUMENT # P93000062450**

1. Entity Name  
**TRINITY TECHNOLOGIES, INC.**



Principal Place of Business

**202 S RANGE ST  
MADISON, FL 32340**

Mailing Address

**202 S RANGE ST  
MADISON, FL 32340**

2. Principal Place of Business

**298 S.W. M.L. King Dr  
Suite, Apt. #, etc.  
C17**

3. Mailing Address

**P.O. Box 958  
Suite, Apt. #, etc.**

City & State

**Madison FL**

City & State

**Madison FL**

Zip

**32340**

Country

**US**

Zip

**32341**

Country

**US**

02272006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-3198087**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MURFIN, SCOTT E  
202 S RANGE ST  
MADISON, FL 32340**

7. Name and Address of New Registered Agent

Name **Murfin, Scott E**

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

**298 S.W. M.L. King Dr**

City **Madison**

**FL**

Zip Code **32340**

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

*[Signature]*

**Scott Murfin**

**2-27-06**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | P                        | <input type="checkbox"/> Delete |
| NAME           | <b>MURFIN, SCOTT E</b>   |                                 |
| STREET ADDRESS | <b>202 RANGE ST</b>      |                                 |
| CITY-ST-ZIP    | <b>MADISON, FL 32340</b> |                                 |
| TITLE          | ST                       | <input type="checkbox"/> Delete |
| NAME           | <b>MURFIN, CATHRYN A</b> |                                 |
| STREET ADDRESS | <b>202 RANGE ST</b>      |                                 |
| CITY-ST-ZIP    | <b>MADISON, FL 32340</b> |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                      |  |
|----------------|--------------------------------------|--|
| TITLE          | P                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Murfin, Scott E</b>               |  |
| STREET ADDRESS | <b>298 S.W. M.L. King Dr Ste C17</b> |  |
| CITY-ST-ZIP    | <b>Madison, FL 32340</b>             |  |
| TITLE          | ST                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Murfin, Cathryn A</b>             |  |
| STREET ADDRESS | <b>298 S.W. M.L. King Dr Ste C17</b> |  |
| CITY-ST-ZIP    | <b>Madison, FL 32340</b>             |  |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |  |
| STREET ADDRESS |                                      |  |
| CITY-ST-ZIP    |                                      |  |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |  |
| STREET ADDRESS |                                      |  |
| CITY-ST-ZIP    |                                      |  |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |  |
| STREET ADDRESS |                                      |  |
| CITY-ST-ZIP    |                                      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Signature]* **Scott Murfin**

**2-27-06**

**850-973-2685**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #