2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000084657

1. Entity Name
TRE ASSOCIATES, INC.



FILED
Mar 12, 2004 08:00 AM
Secretary of State

Principal Place of Business

SIGNATURE:

C/O T. ROGER ENTRESS 5200 NORTH OCEAN DR., SUITE 201 SINGER ISLAND, FL 33404 Mailing Address

C/O T. ROGER ENTRESS 5200 NORTH OCEAN DR., SUITE 201 SINGER ISLAND, FL 33404



DO	NOT	WRITE	IN THIS	SPACE
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03092004	No Chg-P	CR2	CR2E034 (10/03)		
4. FEI Number	r		Applied For		
65-0458	3099		Not Applicable		
5. Certificate of	Certificate of Status Desired		\$8.75 Additional		

6.	Name and	Address of	Current	Registered	Agent

CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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_		· · · · · · -			
5.5.4.1.5.1.2.	Signature, typed or printed name of registered agent and title	if applicable (NOTE. Re	egistered Agent signa	ture required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu	· · -	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND, FL 33404				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/12/04-80016-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZEP					
TITLE NAME STREET ADDRESS 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 teport 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.					

1. ROGER ENTRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRI