## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P94000007939 03-29-2007 90014 026 \*\*\*150.00 TRICON REAL ESTATE, INC. Principal Place of Business Mailing Address **66008311** P.O. BOX 320637 925 N COURTENAY PKWY COCOA BEACH, FL 32932-0637 SHITE 28 MERRITT ISLAND, FL 32953 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Po Box Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Cocoa Beach 59-3224092 Not Applicable Zip Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOHRR, PHILIP F Street Address (P.O. Box Number is Not Acceptable) 1800 W. HIBISCUS **SUITE 138** MELBOURNE, FL 32901 City 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 Signature, typed or gripled game of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE Change ☐ Addition KODSI, ROBERT NAME NAME STREET ADDRESS 925 N COURTENAY PKWY STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 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

4/5600

Daytime Phone #

FILED

## **ATTACHMENT**

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/29/2007-90014-026-\$150.00-\$150.00

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DOCUMENT #P9400007939 )											
1. Entity Name						AL VI	1				
TRICON REAL ESTATE, INC.							91				
Principal Place of Business				Mailing Address			7	1.	~	, <u> </u>	
925 N COURTENAY PKWY			- 1	P.O. BOX 320637			660	nX.5	541		
SUITE 28 Merritt Island, Fl. 32953 us				COCOA BEACH, FL 32932-0637				. UWO		′,	
WEKKII ISL	AND, FL 3	2953 US									
2. Principal Place of Business - No P.O. Box N				3. Mailing Address							
Suite, Apt. #, etc.				PO Box 320219 Suite, Apt. #, etc.			-				
oute, Apr. 4, oto.							03262007	Chg-P	CR2E	(12/06)	
City & State				City & State Cocoa Beach, FL			4. FÉI Numi				oplied For
Zip	Country		$\dashv$	Zip Jeach	lry .	59-3224092			Not Applicable \$8.75 Additional		
			3	2932-6219	isa	·			Fee Required		
	6. Name	e and Address of Currer	stered Agent	<del></del>			7. Name and Address of New Registered Agent				
NOHRR, PHILIP F						Name					
1800 W. HIBISCUS						Street Address (P.O. Box Number is Not Acceptable)					
	SUITE 138 MELBOURNE, FL 32901						<u>-</u> -			*···	
,					City				FI	Zip Cod	
8. The above	named enti	ly submits this statement	for the	purpose of changing its re	gistere	d office or registe	ered egent, or be	oth, in the State of Flo			and accept
<ol> <li>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.</li> </ol>											
SIGNATURE 3-26-07											
Signature, typied or printed reams of registered agent and see if applicable. (NOTE: Registered Agent agnisture required when reinstating)  DATE											
9. Election Campaign Financing \$5.00 May Re											
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees											
	-, .,							<u> </u>			
10.	OFFICERS AND DIRECTORS 11.					<u>I</u>	ADDITIONS	/CHANGES TO OFF	CERS AN		
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12. Thereby certify that the information supplied with this filling 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 fike empowered.											
SIGNATURE:    SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR   Date   Denump Phone #											
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