

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar-02, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000024034
 1. Entity Name
 TRI-NET MARKETING, INC.



Principal Place of Business
 4023 NW 34 PLACE
 GAINESVILLE, FL 32606

Mailing Address
 4023 NW 34 PLACE
 GAINESVILLE, FL 32606



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3233684

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEIDER, GARY B
 4437 SW 91ST DRIVE
 GAINESVILLE, FL 32608

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 _____
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
NAME	SCHNEIDER, GARY B
STREET ADDRESS	4437 SW 91ST DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	T
NAME	SCHNEIDER, NANA
STREET ADDRESS	3085 LA RESERVE DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000452680
 03/13/06-80009-019 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #