

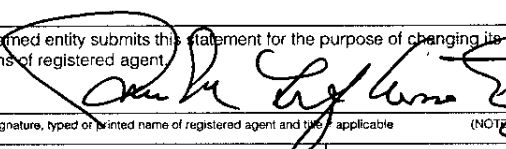
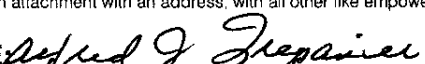


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90009 012 \*\*\*150.00

<b>DOCUMENT # P94000045933</b>					
<b>1. Entity Name</b> TREPANIER ENTERPRISES, INC.					
<b>Principal Place of Business</b> 5645 WEST LAKE MARY BLVD. LAKE MARY, FL 32746			<b>Mailing Address</b> 118 WEST ORANGE ST ALTAMONTE SPRINGS, FL 32714		
<b>2. Principal Place of Business</b> 430 N. Mills Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> c/o Lefkowitz Bloom & Shaw Suite, Apt. #, etc. 430 N. Mills Ave.			
<b>City &amp; State</b> Orlando, FL		<b>City &amp; State</b> Orlando, FL		<b>4. FEI Number</b> 59-3256361	
<b>Zip</b> 32803		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KELLEY AND GOLDBERG,LLP 118 WEST ORANGE ST ALTAMONTE SPRINGS, FL 32714				<b>7. Name and Address of New Registered Agent</b> Name Ivan M. Leflowitz Street Address (P.O. Box Number is Not Acceptable) 430 N. Mills Ave. City Orlando FL Zip Code 32803	
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;">                 DATE                  9-7-04             </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PSTD TREPANIER, LEO C 5645 W. LAKE MARY BLVD. LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete <b>DECEASED</b>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PTD Alfred J. Trepanier c/o 430 N. Mills Ave. Orlando FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VSD Carol J. Castello c/o 430 N. Mills Ave. Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Alfred J. Trepanier, President Date 8-30-04 Daytime Phone # 740-286-1923		

*Attachment 24084139*  
*# 94000045933*  
**LEFKOWITZ, BLOOM & SHAW, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ\*  
GWEN D. BLOOM +  
THOMAS C. SHAW

430 NORTH MILLS AVENUE  
ORLANDO, FLORIDA 32803

TELEPHONE (407) 425-1974  
FACSIMILE (407) 425-1981  
WEBSITE: ORLANDOLAW.ORG

\* BOARD CERTIFIED IN TAXATION AND  
MASTER OF LAWS IN ESTATE PLANNING  
+ ALSO ADMITTED IN MASSACHUSETTS

September 7, 2004

**VIA FEDERAL EXPRESS**

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

Re: Trepanier Enterprises, Inc.  
Trepanier Northstar, Inc.  
Trepanier Family Partnership, Ltd.

Dear Sir or Madam:

Enclosed for filing with the State of Florida are the following documents:

1. Annual Report for Trepanier Enterprises, Inc. and the filing fee of \$150.
2. Annual Report for Trepanier Northstar, Inc. and the filing fee of \$150.
3. Annual Report for Trepanier Family Partnership, Ltd. and the filing fee of \$526.25.

If there are any questions concerning the above, please feel free to call me.

Very truly yours,

  
Gwen D. Bloom

GDB:glg  
Enclosures  
cc: Mr. Alfred J. Trepanier