


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90082 042 ***150.00

DOCUMENT # P94000049080

1. Entity Name
TRI-MOTION INDUSTRIES, INC.




Principal Place of Business Mailing Address
5688 W. CRENSHAW **5688 W. CRENSHAW**
TAMPA, FL 33634 **TAMPA, FL 33634**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02022005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3251913 Not Applicable

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

6. Name and Address of Current Registered Agent

ALLISON, MICHELE J
5688 WEST CRENSHAW
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GREEN, JOSEPH T 5688 W. CRENSHAW TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ALLISON, MICHELE J 5688 W. CRENSHAW TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  Date: **2/15/05** Daytime Phone #: **813-882-4400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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20015259

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Annual Report

Document Number
P94000049080

Business Entity Name
TRI-MOTION INDUSTRIES, INC.

FEI Number

593251913

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address: 5688 W. CRENSHAW
Suite, Apt. #, etc.:
City, State: TAMPA, FL
Zip Code & Country: 33634

Mailing Address

Address: 5688 W. CRENSHAW
Suite, Apt. #, etc.:
City, State: TAMPA, FL
Zip Code & Country: 33634

Name And Address of Registered Agent

Name (Last, First, Middle, Title): ALLISON, MICHELE, J
-or- RA Business Name:
Address: 5688 WEST CRENSHAW
Suite, Apt. #, etc.:
City, State: TAMPA, FL
Zip Code & Country: 33634 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

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own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title: PT

Name (Last, First, Middle, Title): GREEN, JOSEPH, T

-or- Entity Name:

Street Address: 5688 W. CRENSHAW

City, State: TAMPA, FL

Zip Code & Country: 33634

Title: SV

Name (Last, First, Middle, Title): ALLISON, MICHELE, J

-or- Entity Name:

Street Address: 5688 W. CRENSHAW

City, State: TAMPA, FL

Zip Code & Country: 33634

Title:

Name (Last, First, Middle, Title):

-or- Entity Name:

Street Address:

City, State:

Zip Code & Country:

Title:

Name (Last, First, Middle, Title):

-or- Entity Name:

Street Address:

City, State:

Zip Code & Country:

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Title
Name (Last, First, Middle, Title) , ,
-or- Entity Name
Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , ,
-or- Entity Name
Street Address
City, State ,
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature *Corp Sec
Michael J. Allen*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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