

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90003 011 ***150.00

DOCUMENT # P94000085936

1. Entity Name
TRICOR ENTERPRISES, INC.



Principal Place of Business

1106 A N. G ST
LAKE WORTH, FL 33460 US

Mailing Address

1106 A NORTH G ST.
LAKE WORTH, FL 33460 US

54060840

2. Principal Place of Business

3657 WESTGATE AVE
Suite, Apt. #, etc.
WEST PALM BEACH, FL.
City & State
33409

3. Mailing Address

3657 WESTGATE AVE.
Suite, Apt. #, etc.
WEST PALM BEACH, FL
City & State
33409

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0535998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUGUSTINE, NICK
5163 CLUB ROAD
WEST PALM BEACH, FL 33415

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **AUGUSTINE, NICK**
STREET ADDRESS **5163 CLUB ROAD**
CITY- ST- ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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 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 #

NICK AUGUSTINE **6/30/04** **561-5885353**

Attachment

54060840

#P940000859 RE:

Dept of State 36 2004 Annual
Report.

TRICOR ENT MOVED FROM LAKE WORTH
FL TO WEST PALM BEACH AND
WE NEVER RECEIVED THE ANNUAL
REPORT FORM. IT POSSIBLY WENT
TO OLD ADDRESS AND THEN GOT
LOST IN THE SHUFFLE.

AS YOU CAN SEE BY OUR RECORD,
WE WERE NEVER LATE IN FILING IN
PREVIOUS YEARS.

I HAVE ENCLOSED CHECK FOR \$150⁰⁰
HOPING THAT YOU UNDERSTAND MY
SITUATION AND MAKE AN EXCEPTION
THIS ONE TIME.

THANK YOU FOR YOUR CONSIDERATION
Rick Cravens
Pres.