

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State


03-10-2004 90030 036 ***150.00

94027465



DOCUMENT # P95000060508

1. Entity Name
TRULLINGER ASSOCIATES, INC.



Principal Place of Business Mailing Address

6115 10TH AVE NW **6115 10TH AVE NW**
NAPLES, FL 34119 **NAPLES, FL 34119**

2. Principal Place of Business 3. Mailing Address

6115 English Oaks Lane **6115 English Oaks Lane**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Naples, FL **Naples, FL**

Zip Country Zip Country

34119 USA **34119 USA**

02252004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

13-3845891 Not Applicable

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

6. Name and Address of Current Registered Agent

TRULLINGER, JAMES W
6115 10TH AVENUE NW
NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name **TRULLINGER, JAMES W.**

Street Address (P.O. Box Number is Not Acceptable)
6115 English Oaks Lane

City **Naples** FL Zip Code **34119**

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 *James W. Trullinger* **James W. Trullinger, Pres.** 2/25/04

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, 2004 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	<input type="checkbox"/> Delete
NAME	TRULLINGER, JAMES W	
STREET ADDRESS	6115 10TH AVE NW	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRULLINGER, JAMES W.	
STREET ADDRESS	6115 English Oaks Lane	
CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *James W. Trullinger* **James W. Trullinger** 2/25/04 239-591-0305

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