

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 23 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000067390

1. Entity Name
TR INDUSTRIES, INC.



Principal Place of Business
8110 MONETARY DR.
SUITE 260
RIVIERA BCH, FL 33408 US

Mailing Address
8110 MONETARY DR.
SUITE 260
RIVIERA BCH, FL 33408 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08112004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0611407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENTIMIGLIA, MICHAEL
8110 MONETARY DR STE 280
RIVIERA BEACH, FL 33408

Name

Judith A Beebe

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

3100 SW 13th DR

City

DEERFIELD BCH

FL

Zip Code

33442

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 relinquishing)

DATE

Amended AR is \$61.25

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
P
VENTIMIGLIA, MICHAEL
8110 MONETARY DR STE 280
RIVIERA BEACH, FL 33404 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ANTHONY S. VESPUCCI
8110 MONETARY DR. STE 260
RIVIERA BEACH, FL 33408 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200040580772
08/27/04--01040--004 **\$61.25 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

8/16/04

954 426-0663

Date

Daytime Phone #