

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90237 032 ***150.00

DOCUMENT # P95000081429
 1. Entity Name
 TRINITY DEVELOPMENT CONSULTANTS, INC.



Principal Place of Business: 7150 ESTERO BLVD UNIT 501 FT. MYERS BEACH, FL 33931 US
 Mailing Address: 12670 NEW BRITTANY ROAD SUITE 101 FORT MYERS, FL 33907 US

17011110



2. Principal Place of Business: 9111 W. College Pk Dr.
 Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

3. Mailing Address: Suite, Apt. #, etc.

4. FEI Number: 65-0623170
 Applied For: Not Applicable

City & State: Ft. Myers, FL
 Zip: 33919 Country: USA

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

6. Name and Address of Current Registered Agent
 ROYSTON, ROBERT D JR.
 12670 NEW BRITTANY ROAD
 SUITE 101
 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____ (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: DP NAME: ALLARDT, JOSEPH E STREET ADDRESS: 7150 ESTERO BLVD., UNIT 501 CITY-ST-ZIP: FORT MYERS, FL 33931	<input type="checkbox"/> Delete
TITLE: DVST NAME: WALLACE, JERALD L STREET ADDRESS: 9111 WEST COLLEGE POINTE DRIVE CITY-ST-ZIP: FORT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Additi
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Additi
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Additi

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 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: 4/28/04
 Daytime Phone #: 839-437-1111