


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # P95000087720</b> 1. Entity Name TRI-SUNDANCE CORPORATION, INC.					
Principal Place of Business 2055 SHEPHERD ROAD LAKELAND FL 33811			Mailing Address P.O. BOX 830 LAKELAND FL 33802 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3343307</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARTIN, BRANT C 140 EAST CHRISTINA BLVD. LAKELAND FL 33813</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	CASWELL, JOHN F JR	<input type="checkbox"/> Delete	TITLE	
NAME		510 GOLDENROD COURT		NAME	
STREET ADDRESS		LAKELAND FL 33813		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	V	SEBRING, PHILIP T	<input type="checkbox"/> Delete	TITLE	
NAME		530 HOWARD AVENUE		NAME	
STREET ADDRESS		LAKELAND FL 33815		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	S	MARTIN, BRANT C	<input type="checkbox"/> Delete	TITLE	
NAME		140 CHRISTINA BLVD. E.		NAME	
STREET ADDRESS		LAKELAND FL 33813		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	V	HODGE, MORTON J	<input type="checkbox"/> Delete	TITLE	
NAME		1717 DAVID CRUM CT.		NAME	
STREET ADDRESS		LAKELAND FL 33813		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	V	HODGE, CAROL W	<input type="checkbox"/> Delete	TITLE	
NAME		1717 DAVID CRUM CT.		NAME	
STREET ADDRESS		LAKELAND FL 33813		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		U00000053385 02/16/04-80130-013 150.00			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Brant C. Martin</i> Secretary <b>2/3/04</b> <b>863-688-7691</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



MOORE CR2E034 (11/03)