


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000087720 1. Entity Name TRI-SUNDANCE CORPORATION, INC.	
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Principal Place of Business 2055 SHEPHERD ROAD LAKELAND, FL 33811	Mailing Address P.O. BOX 830 LAKELAND, FL 33802 US
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3343307	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MARTIN, BRANT C 140 EAST CHRISTINA BLVD. LAKELAND, FL 33813

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASWELL, JOHN F JR 510 GOLDENROD COURT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEBRING, PHILIP T 530 HOWARD AVENUE LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, BRANT C 140 CHRISTINA BLVD. E. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HODGE, MORTON J 1717 DAVID CRUM CT. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HODGE, CAROL W 1717 DAVID CRUM CT. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/21/05 00050-019 150.00

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 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: Brant C. Martin, Secretary 1/3/05 863-688-7691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #