

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90377 029 ***150.00

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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**

40034646



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3343307

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

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

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, 2007 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** ☐ Delete
NAME **CASWELL, JOHN F JR**
STREET ADDRESS **510 GOLDENROD COURT**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **V** ☐ Delete
NAME **SEBRING, PHILIP T**
STREET ADDRESS **530 HOWARD AVENUE**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **S** ☐ Delete
NAME **MARTIN, BRANT C**
STREET ADDRESS **140 CHRISTINA BLVD. E.**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **V** ☐ Delete
NAME **HODGE, MORTON J**
STREET ADDRESS **1717 DAVID CRUM CT.**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **V** ☐ Delete
NAME **HODGE, CAROL W**
STREET ADDRESS **1717 DAVID CRUM CT.**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **HODGE, MORTON J.**
STREET ADDRESS **1060 S. CUMBERVIEW AVE.**
CITY-ST-ZIP **TAMPA, FL. 33629**

TITLE ☒ Change ☐ Addition
NAME **HODGE, CAROL W.**
STREET ADDRESS **3383 BUCKHORN CREEK RD.**
CITY-ST-ZIP **BRANDON, FL. 33511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Morton J. Hodge Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07
Date

(863) 499-5481
Daytime Phone #