2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000054799

1. Entity Name
TRI L CORPORATION

FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
8367 SOUTHEAST PINE CIRCLE HOBE SOUND, FL 33455 US	8367 SOUTHEAST PINE CIRCLE HOBE SOUND, FL 33455

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01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0681833

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOLMAUGH, LLOYD L.
8367 SE PINE CIRCLE
HOBE SOUND, FL 33455

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000139166
04/29/04-80110-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOLMAUGH, LLOYD
STREET ADDRESS	8367 SOUTHEAST PINE CIRCLE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ Lloyd L Lolmaugh 4/27/04 772-542-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #