

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013738

Entity Name: FLORIDA TRILOGY, INC.

FILED  
Apr 01, 2009  
Secretary of State

## Current Principal Place of Business:

1202 POINSETTA DR.  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

1202 POINSETTIA DR.  
DELRAY BEACH, FL 33444

## Current Mailing Address:

1202 POINSETTA DR.  
DELRAY BEACH, FL 33444

## New Mailing Address:

1202 POINSETTIA DR.  
DELRAY BEACH, FL 33444

FEI Number: 65-0742623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORME, VERNON J  
4067 ARTESA DRIVE  
BOYNTON BEACH, FL 33436 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LOPEZ, DAVID  
Address: 1360 SABAL LAKES ROAD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD ( ) Delete  
Name: ORME, VERNON J  
Address: 4067 ARTESA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD ( ) Delete  
Name: WIKLE, KEITH  
Address: 9023 PATRIZZA DR  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNON J. ORME

STD

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date