

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 POINSETTA DR.
DELRAY BEACH, FL 33444

Current Mailing Address:

1202 POINSETTA DR.
DELRAY BEACH, FL 33444

New Mailing Address:

1202 POINSETTA 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