


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90006 007 ***558.75

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| DOCUMENT # P97000038282 |  |
| 1. Entity Name TRIAD CONTRACTING, INC. | |

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| Principal Place of Business 331 SO. FIRST ST. LAKE WALES FL 33853 US | Mailing Address 331 SO. FIRST ST. LAKE WALES FL 33853 US |
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54070844



MOORE

CR2E034 (4/04)

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| 2. Principal Place of Business 777 ALTURAS RD Suite, Apt. #, etc. | | 3. Mailing Address 2029 SR. 60 E Suite, Apt. #, etc. STR. 200 | |
| City & State BARTOW, FL | | City & State LAKE WALES, FL | |
| Zip 33830 | Country USA | Zip 33898 | Country USA |

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| 4. FEI Number 59-3445342 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FITZGERALD, KENNETH B 331 S FIRST ST LAKE WALES FL 33853 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 777 ALTURAS RD City BARTOW FL Zip Code 33830 | |
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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 *Kenneth B Fitzgerald* **KENNETH B. FITZGERALD** **8-25-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD FITZGERALD, KENNETH BRUCE 777 ALTURAS RD. BARTOW FL 33830 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS HEATH, G. DIANE 11 HARVARD AVE FROSTPROOF FL 33843 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kenneth B Fitzgerald* **KENNETH B. FITZGERALD** **8-25-04** **863-537-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #