


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90173 017 ***150.00

DOCUMENT # P97000049010 1. Entity Name TRI-FON, INC.						
Principal Place of Business 7945 DILIDO BLVD MIRAMAR, FL 33023			Mailing Address 7945 DILIDO BLVD MIRAMAR, FL 33023			
2. Principal Place of Business 16240 SW 36 St Suite, Apt. #, etc.		3. Mailing Address 16240 SW 36 St Suite, Apt. #, etc.				
City & State Miramar Florida Zip 33027		City & State Miramar Florida Zip 33027		4. FEI Number 65-0788918		
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04022004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent ULETT, JOHN 7945 DILIDO BLVD MIRAMAR, FL 33023			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ULETT, JOHN 7945 DILIDO BLVD MIRAMAR, FL 33023		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16240 SW 36 St Miramar FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ULETT, DANE 7945 DILIDO BLVD MIRAMAR, FL 33023		<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	STD ULETT, JANICE 7945 DILIDO BLVD MIRAMAR, FL 33023		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16240 SW 36 St Miramar FL 33027	
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		
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		
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: <u>J. Ulett</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date _____ Daytime Phone # _____						