2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000082899 1. Entity Name				Mar 07, 2005 08:00 AM Secretary of State
TRM & ASSOCIATES, INC.				Secretary of State
Principa! Place of Business	Mailing Address			
3731 SPRINGSIDE DR 3731 SPRINGSIDE DR		₹		· -
ESTERO FL 33928 ESTERO FL 33928				
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2. Principal Place of Business	3. Mailing Address	• •		
Sulte, Apt. #, etc.	Suite, Apt. #, etc			1st MOORE CR2E034 (10/04)
City & State	City & State	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 65-0825904 Applied For Not Applied by
Zip Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Currer	t Registered Agent	!	_ 	7. Name and Address of New Registered Agent
			Name	
THAELL, LOUISE J 3731 SPRINGSIDE DRIVE			Street Address (F	P.O. Box Number is Not Acceptable)
ESTERO FL 33928				
		(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				
Signature, typed or printed name of registered againt and title if applicable (NOTE Registered Againt signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.0 Make Check Payable to Florida Department				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS ANI		11.	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TOLE P	Delete	Title		U00000252642 Change Addition
NAME THAELL, LOUISE J		NAME		03/07/05-80002-010 150.00
STREET ADDRESS 3731 SPRINGSIDE DR CITY-ST-ZIP ESTERO FL 33928		STREET A	-	
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NAME	□ Delete	NAME		☐ Change ☐ Addillor
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City St-ZiP		CITY-ST-	- ZIP	
ITALE NAME	☐ Delete	i me		☐ Change ☐ Addition
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CITY ST-ZIP		CITY-ST-		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
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TITLE	☐ Delete	litte		☐ Change ☐ Addition
NAME	C Delete	NAME	ļ	Collaride Nation
STREET ADDRESS		STREET A	IDDRESS	
CITY-ST-ZIP		CHY-ST-	- ZIP	
TITLE	☐ Delete	THLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET A	DORESS	
CITY-SI-ZIP		Cify-SI-	į.	
12. I hereby certify that the information supplied wi	th this filing does not qualify fo	or the exempt	tion stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information
12. Thereby 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 is changed, or on an attachment with an address, with all other like empowered.				

HALLSE J. Kall
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED