

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90285 016 \*\*\*150.00

**DOCUMENT # P97000097348**

1. Entity Name

TREVARREN HOLDINGS, INC.



Principal Place of Business

812 E. ELKLAM CIR.  
MARCO ISLAND FL 34145  
US

Mailing Address

812 E. ELKLAM CIR.  
MARCO ISLAND FL 34145  
US

2. Principal Place of Business

3944 Forest Glen  
Suite, Apt. #, etc.  
202  
City & State  
Naples, FL  
Zip  
34114  
Country  
USA

3. Mailing Address

3944 Forest Glen  
Suite, Apt. #, etc.  
202  
City & State  
Naples, FL  
Zip  
34114  
Country  
USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3476515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERA, SHARON  
16 BLUE HILL CRT  
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3944 Forest Glen # 202

City

Naples

FL

Zip Code

34114

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
FERA, FRANK  
16 BLUE HILL CRT  
MARCO ISLAND FL 34145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
53  
Frank Fera  
3944 Forest Glen # 202  
Naples, FL 34114 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

54044/85

#P97000097348

FILING INSTRUCTIONS

Trevan

Attached is your 2004 Florida Annual Report

Please check the information on the report for accuracy

An Officer or Director must sign the form at the bottom (**Box 12**)

Line 8 needs to be signed by the Registered Agent **only** when there is a change

Please make out a check for \$150 to "Department of State". Put your Document Number on your check. This can be found in the upper left hand corner of the form.

Mail the signed form and the check in the attached envelope to:

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

The due date of this form is May 1, 2004. **Late filings are subject to a penalty of \$400.**