


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90009 020 ***158.75

DOCUMENT # P98000002079

1. Entity Name
MICHAEL A. TRINKLER, P.A.



Principal Place of Business Mailing Address

**2026 UNIVERSITY DR
CORAL SPRINGS, FL 33065** **2026 UNIVERSITY DR
2295 CORPORATE BLVD NW SUITE 134
CORAL SPRINGS, FL 33065**

2. Principal Place of Business 3. Mailing Address

2858 UNIVERSITY DR. **2858 UNIVERSITY DR.**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

CORAL SPRINGS, FL **CORAL SPRINGS, FL**

Zip Country Zip Country

33065 **USA** **33065** **USA**



01062004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0801911 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**TRINKLER, MICHAEL A
2826 UNIVERSITY DR
CORAL SPRINGS, FL 33065**

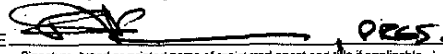
Name **MICHAEL A. TRINKLER**

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

2858 UNIVERSITY DR.

City **CORAL SPRINGS** FL Zip Code **33065**

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:  PRES. DATE: **1-9-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

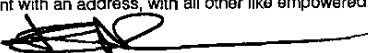
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINKLER, MICHAEL A	NAME	MICHAEL A. TRINKLER
STREET ADDRESS	2826 UNIVERSITY DR	STREET ADDRESS	2858 UNIVERSITY DR.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **MICHAEL A. TRINKLER** DATE: **1-9-04** DAYTIME PHONE: **954-753-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #