



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90306 039 \*\*\*150.00

<b>DOCUMENT # P98000002079</b>					
1. Entity Name MICHAEL A. TRINKLER, P.A.					
Principal Place of Business 2858 UNIVERSITY DR CORAL SPRINGS, FL 33065			Mailing Address 2858 UNIVERSITY DR CORAL SPRINGS, FL 33065		
2. Principal Place of Business 5501 UNIVERSITY DR.		3. Mailing Address 5501 UNIVERSITY DR		01042005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 65-0801911	
Zip 33067		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TRINKLER, MICHAEL A 2858 UNIVERSITY DR CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name - MICHAEL A TRINKLER Street Address (P.O. Box Number is Not Acceptable) 5501 UNIVERSITY DR. # 101 City CORAL SPRINGS FL Zip Code 33067		
8. The above marked 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 3-5-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 TRINKLER, MICHAEL A 2858 UNIVERSITY DR. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL A. TRINKLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5501 UNIVERSITY DR. # 101 CORAL SPRINGS, FL 33067		
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		
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: 		Date 3-5-05		Daytime Phone # 954-753-5700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	