

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000049282

1. Entity Name

TRINGALI INVESTMENTS, INC.



Principal Place of Business

146 KING ST
ST. AUGUSTINE FL 32084
US

Mailing Address

146 KING ST
ST. AUGUSTINE FL 32084
US



2. Principal Place of Business

146 King St

Suite, Apt. #, etc.

3. Mailing Address

146 King St

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3512059

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAILEY, JOHN D JR
780 NORTH PONCE DE LEON
ST. AUGUSTINE FL 32084

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TRINGALI, JOSEPH C
STREET ADDRESS 354 MARSH POINT CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME 000000413098 ☐ Change ☐ Addition
STREET ADDRESS 02/10/06-80076-003 150.00
CITY-ST-ZIP

TITLE SD
NAME TRINGALI, S.J.
STREET ADDRESS 5331 RIVERVIEW DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

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

TITLE TD
NAME BRITTANY, TRINGALI
STREET ADDRESS 354 MARCH POINTE CIRCLE
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

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

TITLE VD
NAME TRINGALI, CINDY L
STREET ADDRESS 354 MARSH POINTE CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

11/28/06

904-772-6321

Date

Daytime Phone #