

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90001 045 ***150.00

DOCUMENT # P98000061602

1. Entity Name
TRIANA WORLD CAST, INC.



Principal Place of Business
**9700 9TH ST NORTH
SUITE 400
ST PETERSBURG, FL 34702 US**

Mailing Address
**482 BLACKBURN POINT RD
OSPNEY, FL 34229**

54057206



2. Principal Place of Business

3. Mailing Address
46 N. WASHINGTON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1

03202003

Chg-P

CR2E034 (10/03)

City & State

City & State
SARASOTA, FL

4. FEI Number

59-3525936

Applied For

Not Applicable

Zip

Country

Zip

34236

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

**VROOM, ERNIE
1419 PINE BAY DR
SARASOTA, FL 34231**

Name
LPS CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
46 N. WASHINGTON BLVD.

SUITE 1

City

SARASOTA

FL

Zip Code

34236

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]

BY: **B. ZACHARY RANS, Its Vice President**

5/26/04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
VROOM, ERNEST
482 BLACKBURN POINT RD.
OSPNEY, FL 34229** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
VROOM, ERNIE
1419 PINE BAY DRIVE
SARASOTA, FL 34231** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MILLER, KATE
9700 9th NORTH, #400
ST. PETERSBURG, FL 34702** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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.

(941)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ERNIE VROOM, President