

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000082327

FILED
Mar 16, 2005
Secretary of State

Entity Name: TRINICK & ASSOCIATES, INC.

Current Principal Place of Business:

7024 PALMETTO PINES LANE
LAND O LAKES, FL 34639

New Principal Place of Business:

7024 PALMETTO PINES LANE
LAND O LAKES, FL 34637

Current Mailing Address:

7024 PALMETTO PINES LANE
LAND O LAKES, FL 34639

New Mailing Address:

7024 PALMETTO PINES LANE
LAND O LAKES, FL 34637

FEI Number: 59-3539285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINICKER, TOMMY L
7024 PALMETTO PINES LANE
LAND O'LAKES, FL 34639 US

Name and Address of New Registered Agent:

RINICKER, TOMMY L
7024 PALMETTO PINES LANE
LAND O'LAKES, FL 34637 US

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.

SIGNATURE:

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RINICKER, TOMMY L
Address: 7024 PALMETTO PINES LANE
City-St-Zip: LAND O'LAKES, FL 34639 US

Title: S () Delete
Name: RINICKER, ELAINE A
Address: 7024 PALMETTO PINES
City-St-Zip: LAND O'LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RINICKER, TOMMY L
Address: 7024 PALMETTO PINES LANE
City-St-Zip: LAND O'LAKES, FL 34637 US

Title: S (X) Change () Addition
Name: RINICKER, ELAINE A
Address: 7024 PALMETTO PINES
City-St-Zip: LAND O'LAKES, FL 34637 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY L RINICKER

PRES

03/16/2005

Electronic Signature of Signing Officer or Director

Date