


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**  
04-30-2004 90328 049 \*\*\*150.00

<b>DOCUMENT # P98000089841</b>	
<b>1. Entity Name</b> TRENZCO, INC.	

<b>Principal Place of Business</b> 3611 N.W. 61ST LANE GAINESVILLE FL 32653	<b>Mailing Address</b> 3611 N.W. 61ST LANE GAINESVILLE FL 32653
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<b>2. Principal Place of Business</b> 192 SPORTSMAN DRIVE Suite, Apt. #, etc.	<b>3. Mailing Address</b> PO Box 1090 Suite, Apt. #, etc.
<b>City &amp; State</b> WELAKA, FL	<b>City &amp; State</b> WELAKA, FL
<b>Zip</b> 32193	<b>Country</b> PUTNAM



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-3537815	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> SHERWIN, JAY G ESQ. 4 S.E. BROADWAY OCALA FL 34475
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<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> AMMONS, BOBBY R JR.		<b>NAME</b> AMMONS, BOBBY R JR.	
<b>STREET ADDRESS</b> 3611 N.W. 61ST LANE		<b>STREET ADDRESS</b> PO Box 1090	
<b>CITY-ST-ZIP</b> GAINESVILLE FL 32653		<b>CITY-ST-ZIP</b> WELAKA, FL 32193	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> AMMONS, TOMI E		<b>NAME</b> AMMONS, TOMI E	
<b>STREET ADDRESS</b> 3611 N.W. 61ST LANE		<b>STREET ADDRESS</b> PO Box 1090	
<b>CITY-ST-ZIP</b> GAINESVILLE FL 32653		<b>CITY-ST-ZIP</b> WELAKA, FL 32193	
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<b>CITY-ST-ZIP</b> GAINESVILLE FL 32653		<b>CITY-ST-ZIP</b> WELAKA, FL 32193	

**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:** \_\_\_\_\_ **4/26/04** **386-467-2160**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #