


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 25, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000089841</b> 1. Entity Name <b>TRENZCO, INC.</b>	
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Principal Place of Business <b>192 SPORTSMAN DRIVE WELAKA, FL 32193</b>	Mailing Address <b>PO BOX 1090 WELAKA, FL 32193</b>
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07222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>SHERWIN, JAY G ESQ. 4 S.E. BROADWAY OCALA, FL 34475</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMMONS, BOBBY R JR. PO BOX 1090 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMMONS, TOMI E PO BOX 1090 WELAKA, FL 32193
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07/25/05-80001-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 