

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90388 048 ***150.00

DOCUMENT # P99000020127

1. Entity Name
TRAILER INVENTORY NETWORK, INC.



Principal Place of Business

**302 S. OAKWOOD AVE
BRANDON, FL 33511**

Mailing Address

**PO BOX 2102
BRANDON, FL 33509**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3563887

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'GRADY, JOHN M
12221 WILDBROOK DRIVE
RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name **O'GRADY, TERRY P**

Street Address (P.O. Box Number is Not Acceptable)

2615 DURANT OAKS DR.

City **VALRICO**

FL

Zip Code **33594**

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]

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when resetting)

3/30/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'GRADY, JOHN M	
STREET ADDRESS	12221 WILDBROOK DRIVE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'GRADY, TERRY	
STREET ADDRESS	2615 DURANT OAKS DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZIELINSKI, BARBARA	
STREET ADDRESS	12007 SHADOW RUN BLVD.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRASE, KELLY	
STREET ADDRESS	10281 MICHALA PLACE	
CITY-ST-ZIP	SANTEE, CA 92071	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	O'GRADY, KRISTI	
STREET ADDRESS	2001 NORTH ADAMS STREET, APT 516	
CITY-ST-ZIP	RALEIGH, NC 27607	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	O'GRADY, KERIE	
STREET ADDRESS	3155 KEMPER STREET #9	
CITY-ST-ZIP	SAN DIEGO, CA 92110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GRADY, TERRY P.	
STREET ADDRESS	2615 DURANT OAKS DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GRADY, JOHN M.	
STREET ADDRESS	12221 WILDBROOK DR.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY O'GRADY 3/30/06 (813)685-3896

Date

Daytime Phone #