

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000045928

1. Entity Name
TRAILS II CORP.



Principal Place of Business

2715 E OAKLAND PK BLVD
SUITE 300
FORT LAUDERDALE, FL 33306

Mailing Address

2715 E OAKLAND PK BLVD
SUITE 300
FORT LAUDERDALE, FL 33306

FILED
Apr 07, 2004 08:00 AM
Secretary of State



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0929249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOVICK, MATTHEW
16900 SW 59 CT
FORT LAUDERDALE, FL 33331

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000105908
04/07/04-80044-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
NOVICK, MATTHEW
16900 SOUTHWEST 59TH COURT
FT. LAUDERDALE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
LESOUSKY, JOHN
3706 N OCEAN BLVD SUITE 460
FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
SENESE, FRED
2715 E OAKLAND PK BLVD
FORT LAUDERDALE, FL 33306

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #