

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S01895**

1. Entity Name

TRAILS FIDELITY CORPORATION



Principal Place of Business

43309 U.S. HWY 19 NORTH  
TARPON SPRINGS, FL 34689 US

Mailing Address

P O BOX 1608  
TARPON SPRINGS, FL 34688-1608 US



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3033590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, LEWIS M.  
43309 U S HWY 19 N  
TARPON SPRINGS, FL 34689

**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.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILLS, JAMES P.
STREET ADDRESS	43309 U S HWY 19 N
CITY- ST- ZIP	TARPON SPRINGS, FL
TITLE	DP
NAME	FRIEDLAND, LEW
STREET ADDRESS	43309 U S HWY 19 N
CITY- ST- ZIP	TARPON SPRINGS, FL
TITLE	DST
NAME	FORD, DAVID S.
STREET ADDRESS	43309 U S HWY 19 N
CITY- ST- ZIP	TARPON SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/09/04-80027-003 150.00

**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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

2/4/04

Date

727-942-2191

Daytime Phone #