

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90156 042 ***150.00

DOCUMENT # S61026

1. Entity Name
TRIO FINANCE, INC.



Principal Place of Business
**BASS AND SANDFORT ACCTS PA
1301 WEST GARDEN ST.
PENSACOLA, FL 32501**

Mailing Address
**BASS AND SANDFORT ACCTS PA
1301 WEST GARDEN ST.
PENSACOLA, FL 32501**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3078107

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**BASS AND SANDFORT ACCOUNTANTS INC
1301 WEST GARDEN ST.
PENSACOLA, FL 32501**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KEHOE, MARY J 200 PENSACOLA BCH RD L-7 GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEHOE, STEPHEN P 1513 EL RITO DR. GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEHOE, STEPHEN 200 PENSACOLA BEACH RD., UNIT L-7 GULF BREEZE, FL 32561
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)(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 filers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen P Kehoe 4/21/05 - 850-435-4811
Date Daytime Phone #