

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61026

Entity Name: TRIO FINANCE, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

BASS AND SANDFORT ACCTS PA  
1301 WEST GARDEN ST.  
PENSACOLA, FL 32502

## Current Mailing Address:

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

## New Mailing Address:

BASS AND SANDFORT ACCTS PA  
1301 WEST GARDEN ST.  
PENSACOLA, FL 32502

FEI Number: 59-3078107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BASS AND SANDFORT ACCOUNTANTS INC  
1301 WEST GARDEN ST.  
PENSACOLA, FL 32502 US

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.

SIGNATURE:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: KEHOE, MARY J  
Address: 200 PENSACOLA BCH RD L-7  
City-St-Zip: GULF BREEZE, FL 32561

Title: VP ( ) Delete  
Name: KEHOE, STEPHEN P  
Address: 2656 VENETIAN WAY  
City-St-Zip: GULF BREEZE, FL 32563

Title: ST ( ) Delete  
Name: KEHOE, STEPHEN  
Address: 2656 VENETIAN WAY  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY KEHOE

PST

04/21/2009

Electronic Signature of Signing Officer or Director

Date