

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 A
Secretary of State

DOCUMENT # S83098

1. Entity Name
T.R. SALES CO., INC.



Principal Place of Business

17 SE 24TH AVE.
POMPAÑO BEACH, FL 33062 US

Mailing Address

17 SE 24TH AVE.
POMPAÑO BEACH, FL 33062 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0286518

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, NEIL
3032 NE 31ST AVENUE
LIGHTHOUSE POINT, FL 33064

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000819239
02/15/08-80075-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSENBERG, NEIL
STREET ADDRESS 3032 NE 31ST AVENUE
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE S
NAME ROSENBERG, JANIS
STREET ADDRESS 2455 E LINDELL BLVD
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08
Date

934-946-6363
Daytime Phone #