


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90128 046 \*\*\*150.00

<b>DOCUMENT # S93806</b> 1. Entity Name <b>TRM GROUP, INC.</b>					
Principal Place of Business <b>8401 9TH ST N SUITE 390 B ST PETERSBURG, FL 33702 US</b>			Mailing Address <b>8401 9TH ST N SUITE 390 B ST PETERSBURG, FL 33702 US</b>		
2. Principal Place of Business <b>1617 S. Federal Hwy Suite, Apt. #, etc. 408</b>			3. Mailing Address <b>1617 S. Federal Hwy Suite, Apt. #, etc.</b>		
City & State <b>Pompano Beach FL</b>			City & State <b>Pompano Beach FL</b>		
Zip <b>33062</b>		Country <b>USA</b>		4. FEI Number <b>59-3094661</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SMIDA, LOU 8401 9TH ST N SUITE 390 B ST PETERSBURG, FL 33702</b>			7. Name and Address of New Registered Agent  <b>SMIDA, LOU 1617 S. Federal Hwy Suite 408 Pompano Beach FL 33062</b>		
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: <u><i>Lou Smida</i></u> <span style="float: right;">3/14/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	NAME	SMIDA, TRUDY	TITLE	VP/D
STREET ADDRESS	8401 9TH ST N SUITE 390 B	STREET ADDRESS	1617 S. Federal Hwy, Suite 408	STREET ADDRESS	1617 S. Federal Hwy, Suite 408
CITY-ST-ZIP	ST PETERSBURG, FL 33702	CITY-ST-ZIP	Pompano Beach, FL 33062	CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	SMIDA, LOU	TITLE	PS/D	TITLE	Lou Smida
STREET ADDRESS	8401 9TH ST N SUITE 390 B	STREET ADDRESS	1617 S. Federal Hwy, Suite 408	STREET ADDRESS	1617 S. Federal Hwy, Suite 408
CITY-ST-ZIP	ST PETERSBURG, FL 33702	CITY-ST-ZIP	Pompano Beach, FL 33062	CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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 like empowered.					
SIGNATURE: <u><i>Lou Smida</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/05 954-650-9840 <small>Date Daytime Phone</small>		

**50029855**



03022005 Chg-P CR2E034 (10/03)