

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90037 026 ***150.00

DOCUMENT # V17512

1. Entity Name

TRIANGLE OF LIFE, INC.



Principal Place of Business

P.O. BOX 10068
JACKSONVILLE FL 32247-0068

Mailing Address

P.O. BOX 10068
JACKSONVILLE FL 32247-0068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3108160

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSSELLE, ROLAND
7820 ARLINGTON EXPRESSWAY SUITE 140
JACKSONVILLE FL 32211

Name PATRICIA ROUSSELLE
Street Address (P.O. Box Number is Not Acceptable)
6193 LAKE TAHOE DR
JACKSONVILLE, FL 32256
City JACKSONVILLE FL Zip Code 32256

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] PATRICIA ROUSSELLE 4/12/04
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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	ROUSSELLE, ROLAND	
STREET ADDRESS	4975 SNA JOSE BLVD #108	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROUSSELLE, PATRICIA	
STREET ADDRESS	6193 LAKE TAHOE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary, Treasurer & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA ROUSSELLE	
STREET ADDRESS	6193 LAKE TAHOE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD K. ROUSSELLE	
STREET ADDRESS	1436 BRETTA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	Vice President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY LEFAUL ROUSSELLE	
STREET ADDRESS	6193 LAKE TAHOE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Ronald K. Rousselle Ronald K. Rousselle 4/12/04 (904) 743-2851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #