

1.) CORPORATION NAME:

**Trinity Services Group, Inc.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1915117**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 380 SCARLETT BLVD

CITY/ST/ZIP: OLDSMAR, FL 34677

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LARRY G VAUGHN	
TITLE:	PRESIDENT	
ADDRESS:	477 COMMERCE BLVD.	
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MATTHEW GULLEN	
TITLE:	VICE PRESIDENT	
ADDRESS:	477 COMMERCE BLVD.	
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRIS PALDINO	
TITLE:	SECRETARY	
ADDRESS:	477 COMMERCE BLVD.	
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK DENNIS	
TITLE:	VICE PRESIDENT	
ADDRESS:	477 COMMERCE BLVD.	
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TOM ENGLISH	
TITLE:	VICE PRESIDENT	
ADDRESS:	477 COMMERCE BLVD.	
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK KELLER	
TITLE:	VICE PRESIDENT	
ADDRESS:	477 COMMERCE BLVD.	
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICTOR RENDON VICE PRESIDENT 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE SLEIGH VICE PRESIDENT 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL TERRY VICE PRESIDENT 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK TOLLIVER VICE PRESIDENT 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOMINICK VARACALLI VICE PRESIDENT 477 COMMERCE BLVD OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS WATT VICE PRESIDENT 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM LONG CEO 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER ALBERTA COO AND CFO 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAGDA FARREN CACCOUNTINGO 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELAINE ISENBERG ASST SECRETARY 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KHADEEJA MORSE CHRO 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	MATT SANFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	477 COMMERCE BLVD.		
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LARRY G VAUGHN	LARRY G VAUGHN, PRESIDENT	12/30/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			