

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96187

FILED
Apr 16, 2004
Secretary of State

Entity Name: THE TROPHY CENTER, INCORPORATED

Current Principal Place of Business:

529 N.EGLIN PKWY.
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

529 EGLIN PKWY. NE
FT. WALTON BEACH, FL 32547

Current Mailing Address:

529 N.EGLIN PKWY.
FT. WALTON BEACH, FL 32547

New Mailing Address:

529 EGLIN PKWY. NE
FT. WALTON BEACH, FL 32547

FEI Number: 59-2228081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH, LAWRENCE P.
150 NE EGLIN PKWY
FT WALTON BEACH, FL 32548

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIVENS, BEATRICE G,
Address: 255 BRIARWOOD CIRCLE
City-St-Zip: FT WALTON BCH, FL 00000,

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GIVENS, GREGORY G
Address: 14 PEBBLE BEACH DRIVE
City-St-Zip: SHALIMAR, FL 32579 US

Title: SEC () Change (X) Addition
Name: GIVENS, PATRICIA A
Address: 14 PEBBLE BEACH DRIVE
City-St-Zip: SHALIMAR, FL 32579 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY G GIVENS

PRES

04/16/2004

Electronic Signature of Signing Officer or Director

_____ Date