

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90025 040 \*\*\*150.00

40024035



01042008 Chg-P CR2E034 (12/06)

**DOCUMENT # F96187**  
 1. Entity Name  
**THE TROPHY CENTER, INCORPORATED**



Principal Place of Business  
**529 EGLIN PARKWAY, NE  
 FORT WALTON BEACH, FL 32547-2829**

Mailing Address  
**529 EGLIN PARKWAY, NE  
 FORT WALTON BEACH, FL 32547-2829**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**59-2228081**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GIVENS, GREGORY PRESIDE  
 529 EGLIN PARKWAY, NE  
 FORT WALTON BEACH, FL 32548-2829**

7. Name and Address of New Registered Agent  
 Name **GREGORY G. GIVENS P**  
 Street Address (P.O. Box Number is Not Acceptable)  
**529 EGLIN PARKWAY NE**  
 City **FORT WALTON BEACH** FL Zip Code **32547-2829**

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 *Gregory Givens* **GREGORY GIVENS PRESIDENT** DATE **2/10/08**

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES GIVENS, GREGORY G 529 EGLIN PARKWAY, NE FORT WALTON BEACH, FL 325482829</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GIVENS, JOSHUA A 529 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32547-2829</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA GIVENS, PATRICIA A 529 EGLIN PARKWAY, NE FORT WALTON BEACH, FL 325482829</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GIVENS, BEATRICE G. 529 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32547-2829</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GIVENS, GREGORY G. 529 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32547-2829</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GIVENS, PATRICIA A. 529 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32547-2829</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gregory Givens* **GREGORY GIVENS PRESIDENT** DATE **2/10/08** DAYTIME PHONE # **850-862-8413**