

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96187

FILED
Feb 18, 2011
Secretary of State

Entity Name: THE TROPHY CENTER, INCORPORATED

Current Principal Place of Business:

529 EGLIN PARKWAY, NE
FORT WALTON BEACH, FL 325472829 US

New Principal Place of Business:

Current Mailing Address:

529 EGLIN PARKWAY, NE
FORT WALTON BEACH, FL 325472829 US

New Mailing Address:

FEI Number: 59-2228081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVENS, GREGORY G PRESIDE
529 EGLIN PKWY NE
FORT WALTON BEACH, FL 325472829 US

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: GIVENS, GREGORY G
Address: 529 EGLIN PARKWAY, NE
City-St-Zip: FORT WALTON BEACH, FL 325482829 US

Title: TREA
Name: GIVENS, PATRICIA A
Address: 529 EGLIN PARKWAY, NE
City-St-Zip: FORT WALTON BEACH, FL 325482829 US

Title: VP
Name: GIVENS, JOSHUA A
Address: 529 EGLIN PLWY NE
City-St-Zip: FORT WALTON BEACH, FL 325472829

Title: VP
Name: CURTIS, RANAE
Address: 529 EGLIN PKWY NE
City-St-Zip: FORT WALTON BEACH, FL 325472829

Title: SEC
Name: GIVENS, CORRINNE A
Address: 529 EGLIN PKWY NE
City-St-Zip: FORT WALTON BEACH, FL 325472829

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. GIVENS

TREA

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date