

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28892

FILED
Jun 29, 2005
Secretary of State

Entity Name: TRAIL FRIENDS, INC.

Current Principal Place of Business:

2314 HILLSIDE DRIVE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

2314 HILLSIDE DRIVE
MOUNT DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-2833179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DUNKEL, RICHARD
2314 HILLSIDE DRIVE
MOUNT DORA, FL 32757 US

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: D () Delete
Name: BURCH, LORRAINE
Address: 101 N. CROSS STREET
City-St-Zip: OAKLAND, FL 34760

Title: D () Delete
Name: CARTER, VERA
Address: 235 E. MAGNOLIA ST., BOX 126
City-St-Zip: WINDERMERE, FL 34786

Title: PD () Delete
Name: DUNKEL, RICHARD
Address: 2314 HILLSIDE DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: WILSON, GREY
Address: 331 N. MAITLAND AVE., D4
City-St-Zip: MAITLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. DUNKEL

PRES

06/29/2005

Electronic Signature of Signing Officer or Director

Date