


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90053 026 ***158.75

DOCUMENT # P95000038908					
1. Entity Name TRUST COMPANIES OF AMERICA, INC.					
Principal Place of Business 201 CENTER ROAD SUITE TWO VENICE, FL 34285			Mailing Address 201 CENTER ROAD SUITE TWO VENICE, FL 34285		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0596382	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CALDWELL, ROLAND G JR 201 CENTER ROAD SUITE TWO VENICE, FL 34285			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALDWELL, ROLAND G	NAME			
STREET ADDRESS	4910 LEMON BAY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP			
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALDWELL, ROLAND G JR	NAME			
STREET ADDRESS	3320 HARDEE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEYERHOFF, JACK F	NAME			
STREET ADDRESS	20 INLETS BLVD.	STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS, FL 34275	CITY-ST-ZIP			
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THACKER, H L JR.	NAME			
STREET ADDRESS	498 SUMMERFIELD WAY	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILCOX, JUDITH H	NAME			
STREET ADDRESS	324 SUNRISE RD	STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS, FL 34275	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 info empowered.					
SIGNATURE: _____		Roland G. Caldwell, Jr., President		01/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		941-493-3600	
				Daytime Phone #	