


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90060 041 ***158.75

DOCUMENT # P95000038908
 1. Entity Name
TRUST COMPANIES OF AMERICA, INC.



Principal Place of Business Mailing Address
 201 CENTER ROAD 201 CENTER ROAD
 SUITE TWO SUITE TWO
 VENICE, FL 34285 VENICE, FL 34285

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CALDWELL, ROLAND G JR
 201 CENTER ROAD
 SUITE TWO
 VENICE, FL 34285

400-1100-



01172008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 65-0596382 Not Applicable

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

7. Name and Address of New Registered Agent

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, 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	CD	<input checked="" type="checkbox"/> Delete	TITLE	DVPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDWELL, ROLAND G		NAME	Thacker, Jr., H. Lee	
STREET ADDRESS	4910 LEMON BAY DRIVE		STREET ADDRESS	498 Summerfield Way	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	Venice, FL 34292	
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDWELL, ROLAND G JR		NAME	Hudson, Tramm	
STREET ADDRESS	3320 HARDEE DRIVE		STREET ADDRESS	1415 Ladue Lane	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERHOFF, JACK F		NAME		
STREET ADDRESS	3730 CADBURY CIR UNIT #819		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABBERT, JAMES F		NAME		
STREET ADDRESS	1250 HIDDEN HARBOR WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	D	<input checked="" 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	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVRIES, MARCIA L		NAME		
STREET ADDRESS	329 AURORA STREET EAST		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		

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 reports 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 titles empowered.

SIGNATURE: _____ **Roland G. Caldwell, Jr., President** 01/17/08 941-493-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #