## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 07, 2007 8:00 am Secretary of State DOCUMENT # P06000030842 1. Entity Name 03-07-2007 90022 029 \*\*\*150.00 TRIMBLE & SCOTT ENTERPRISES INC. Principal Place of Business Mailing Address 82 NORTH CONCH AVENUE 82 NORTH CONCH AVENUE MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 58950 Overseas Hwy #48 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State MARAHION Applied For Marathon Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 3305 O Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 Signature, typed or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE Change □ Delete 11111 Addition Gelfand, NANCY GELFAND, NANCY NAME NAME 58950 OVERSEAS HWY # 48 82 NORTH CONCH AVENUE STREET ADDRESS STREET ADDRESS MARATHON FL 33050 MARAHION, FL 33050 CITY-St-7IP CITY-ST-ZIP VTD HILL ☐ Delete me 🔀 Change ■ Addition Scott, Cheryl 58950 OverSEAS Hwy #48 MARATHON FL 33050 SCOTT, CHERYL NAM NAME. 82 NORTH CONCH AVENUE STREET ADORESS STREET ADDRESS MARATHON FL 33050 CITY-ST-7IP CITY+ST-7IP TITLE Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY - ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete IIII NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-7IP THE ☐ Delete Change HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY S1-7IP DILL Delele HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY - ST - 7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED