


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 312635**  
1. Entity Name  
TOM TROUT, INC.



Principal Place of Business: 5569-1 BOWDEN ROAD, JACKSONVILLE, FL 32216  
Mailing Address: 5569-1 BOWDEN ROAD, JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1164590 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
TROUT, THOMAS W III  
5569-1 BOWDEN RD  
JACKSONVILLE, FL 32216

**DO NOT WRITE  
IN THIS SPACE**

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 relating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TROUT, THOMAS W
STREET ADDRESS	5353 CR 352
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	SDT
NAME	TROUT, JOAN H
STREET ADDRESS	5353 CR 352
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	VP
NAME	TROUT, THOMAS III
STREET ADDRESS	2417 JOSE CIRCLE N
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000311558  
04/18/05-31009-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Donald C. Ruppel 4-15-05 904 737 5412  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

THOMAS W. TROUT III 4-15-05 904 737 5412