

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-1164590**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROUT, THOMAS W III
 5569-1 BOWDEN RD
 JACKSONVILLE FL 32216

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	TROUT, THOMAS W	
STREET ADDRESS	2417 JOSE CIR NORTH	
CITY- ST- ZIP	JACKSONVILLE FL 32217	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	TROUT, JOAN H	
STREET ADDRESS	5353 CR 352	
CITY- ST- ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TROUT, THOMAS III	
STREET ADDRESS	5353 CR 352	
CITY- ST- ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY- ST- ZIP		

U00000721802
 05/02/07-80006-012 150.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07

Date

904.737.5412

Daytime Phone #