

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90043 027 \*\*\*150.00

**DOCUMENT # 549791**

1. Entity Name

TROTTIER PILE DRIVING, INC.



Principal Place of Business

3301 S JAP TUCKER RD  
PLANT CITY FL 33566

Mailing Address

3301 S JAP TUCKER RD  
PLANT CITY FL 33566



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

914 Cowart Road

3. Mailing Address

914 Cowart Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Plant City, FL

City & State

Plant City, FL

4. FEI Number

59-1778848

Applied For

Not Applicable

Zip

33567

Country

US

Zip

33567

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

TROTTIER, RICHARD D  
3020 FOREST DRIVE  
LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name

Richard D. Trottier

Street Address (P.O. Box Number is Not Acceptable)

914 Cowart Road

City

Plant City

FL

Zip Code

33567

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 signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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

TITLE	VSD	<input type="checkbox"/> Delete
NAME	TROTTIER, JULES C.	
STREET ADDRESS	3301 S.JAP TUCKER RD.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	S	<input type="checkbox"/> Delete
NAME	TROTTIER, KRISTINE A	
STREET ADDRESS	3020 FOREST DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	TROTTIER, RICHARD D	
STREET ADDRESS	3020 FOREST DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trottier, Kristine A	
STREET ADDRESS	914 Cowart Road	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trottier, Richard D.	
STREET ADDRESS	914 Cowart Road	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Richard Trottier* RICHARD TROTTIER 3/5/08 863/712-6507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #