2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 665221

1. Entity Name
TROUTMAN PROPERTIES, INC.

Principal Place of Business	Mailing Address
2750 N LAKE REEDY RD C/O LUCY ANN G. COLLIER FROSTPROOF, FL 33843	2750 N LAKE REEDY RD C/O LUCY ANN G. COLLIER FROSTPROOF, FL 33843

DO NOT WRITE IN THIS SPACE

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1983726

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLIER, LUCY ANNE
2750 N LAKE REEDY RD
FROSTPROOF, FL 33843

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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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	COLLIER, LUCY ANNE
STREET ADDRESS	2750 N LAKE REEDY RD
CITY-ST-ZIP	FROSTPROOF, FL 00000,
TITLE	ASD
NAME	MATTESON, CYNTHIA L.
STREET ADDRESS	315 EAST SESSMONS ST.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VPD
NAME	TROUTMAN, BAXTER G
STREET ADDRESS	318 KENDALL DR SE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	S
NAME	MATTESON, BYRON G
STREET ADDRESS	315 EAST SESSOMS ST.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80009-025 150.00

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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 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: Lucy Anne G. Collier 4-20-06 863-635-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #