


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 665221 1. Entity Name TROUTMAN PROPERTIES, INC.	
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Principal Place of Business 2750 N LAKE REEDY RD C/O LUCY ANN G. COLLIER FROSTPROOF, FL 33843	Mailing Address 2750 N LAKE REEDY RD C/O LUCY ANN G. COLLIER FROSTPROOF, FL 33843
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1983726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLLIER, LUCY ANNE 2750 N LAKE REEDY RD FROSTPROOF, FL 33843	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000898758 04/28/08-80010-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COLLIER, LUCY ANNE 2750 N LAKE REEDY RD FROSTPROOF, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MATTESON, CYNTHIA L. 315 EAST SESSMONS ST. LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TROUTMAN, BAXTER G 318 KENDALL DR SE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTESON, BYRON G 315 EAST SESSOMS ST. LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <i>Lucy Anne G. Collier</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>April 7, 2008</i> <small>Date</small>	<i>863-635-3443</i> <small>Daytime Phone #</small>
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