



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001292</b>	
1. Entity Name <b>TRC AMERICA, INC.</b>	

Principal Place of Business <b>PO BOX 682253 ORLANDO, FL 32868</b>	Mailing Address <b>PO BOX 682253 ORLANDO, FL 32868</b>
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DO NOT WRITE IN THIS SPACE

	
04102007	No Chg-P CR2E034 (11/05)
4. FEI Number <b>56-2134447</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, DAVID  
3500 SILVER STAR RD.  
ORLANDO, FL 32808**

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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEAP, DOUG 17221 JOLLY RD. DISPUTANTA, VA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, DAVID G 1229 LEATHERWOOD DR ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MILLER, JODIE 1229 LEATHERWOOD DR ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, DONALD 5593 ONE PUTT LANE HOPE MILLS, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, JODIE 1229 LEATHERWOOD DR ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/23/07-80040-007 150.00

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: David Miller **DAVID MILLER V.P.** 4-10-07 404-298-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #