

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003869

Entity Name: TRAWWELL, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

3038 LAKE LANSING ROAD
EAST LANSING, MI 48823

New Principal Place of Business:

Current Mailing Address:

3038 LAKE LANSING ROAD
EAST LANSING, MI 48823

New Mailing Address:

FEI Number: 04-3615072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KNOX, MICHAEL R
Address: 3038 LAKE LANSING ROAD
City-St-Zip: EAST LANSING, MI 48823

Title: D () Delete
Name: VAN DYNE, LINNEA
Address: 3038 LAKE LANSING ROAD
City-St-Zip: EAST LANSING, MI 48823

Title: D () Delete
Name: HAMILTON, KEVIN
Address: 3032 LAKE LANSING ROAD
City-St-Zip: EAST LANSING, MI 48823

Title: D () Delete
Name: MCINTYRE, THOMAS
Address: 116 CASS STREET
City-St-Zip: TRAVERSE CITY, MI 49685

Title: D () Delete
Name: THOMAS, LEE
Address: 702 NORTH SHORE DRIVE, SUITE 300
City-St-Zip: JEFFERSONVILLE, IN 47130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. KNOX

PSTD

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date