

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006290

Entity Name: HUNGRY TROUT, INC.

FILED
Feb 27, 2008
Secretary of State

Current Principal Place of Business:

557 BENNETT HILL RD.
SHAFTSBURY, VT 05252

New Principal Place of Business:

Current Mailing Address:

557 BENNETT HILL RD.
SHAFTSBURY, VT 05252

New Mailing Address:

4350 QUEEN ELIZABETH WAY
NAPLES, FL 34119

FEI Number: 03-0363285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, DONNA
220 VINTAGE CIRCLE, #402
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

WARD, DONNA
4350 QUEEN ELIZABETH WAY
NAPLES, FL 34119 US

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:

02/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARD, DONNA L
Address: 557 BENNETT HILL RD.
City-St-Zip: SHAFTSBURY, VT 05262

Title: V () Delete
Name: WARD, CLIFFORD H
Address: 557 BENNETT HILL RD.
City-St-Zip: SHAFTSBURY, VT 05252

Title: S () Delete
Name: CAREY, LAUREN W
Address: 6490 BROOKVIEW CIRCLE
City-St-Zip: RENO, NV 89509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARD, DONNA L
Address: 4350 QUEEN ELIZABETH WAY
City-St-Zip: NAPLES, FL 34119

Title: V (X) Change () Addition
Name: WARD, CLIFFORD H
Address: 4350 QUEEN ELIZABETH WAY
City-St-Zip: NAPLES, FL 34119

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONNA L WARD

P

02/27/2008

Electronic Signature of Signing Officer or Director

Date