2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURI (AR)				- May 00 2006 00.00 AM
DOCUMENT # F91764 1. Entity Name				Mar 08, 2006 08:00 AM Secretary of State
TROWEL,	INC.			
Principal Place of Business Mailing		Mailing Address		
204 EVELYN AVENUE CLEARWATER FL 34625		204 EVELYN AVENUE CLEARWATER FL 346		
2. Principal Place of Business		3. Mailing Address		S (SENGE WE ISTAC CON ISCUE AND SECULATION BIRTH
Suite, Apt. If, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-2211980 Applied For Not Applied by
Zip	Country	Zip	Country	5. Certificate of Status Desired Security Securi
5. Name and Address of Current Re		rt Registered Agent	Name	7. Name and Address of New Registered Agent
WATSON, RANDY 204 EVELYN AVE CLEARWATER FL 34625			·	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement lions of registered agent	for the purpose of changing its	registered office or regis	fered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or period name of translated age	TON; sideoliqqe in altil bre In	E: Registered Agent signature requi	37AO (grifistaries nedw ber
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	00	· · · · · · · · · · · · · · · · · · ·	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRCSS CITY-ST-ZIP	PD WATSON, RANDY 204 EVELYN AVENUE CLEARWATER FL 34625	🖸 Delete	RTLE NAME STREET ADDRESS CREY-ST-ZEP	□ Change □ Addition 1300000460604 03/20/06-80017-012 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP	S WATSON, DEBRA 204 EVELYN AVENUE CLEARWATER FL 34625	☐ Delete	TIFLE MAME SIREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THLE NAME STRLL1 ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

GNATURE:

**The exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on 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.

GNATURE:

**The exemption of the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report is 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.

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