## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # F96199** 01-16-2007 90207 046 \*\*\*150.00 1. Entity Name TRUST 100, INC. Principal Place of Business Mailing Address 60001079 604 43RD ST W 604 43RD ST-W P O BOX 14445 P O BOX 14445 BRADENTON, FL 34280-4445 BRADENTON, FL 34280-4445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 604 43rd St. W. P 0 Box 14445 Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) =- - - - - - - -City & State City & State 4 FE! Number Applied For Bradenton, Florida Bradenton, Florida 59-2226255 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34280-4445 **USA** 34205 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dale Eugene Brown <del>STOWELL, DOUGLAS</del> Ł. Street Address (P.O. Box Number is Not Acceptable) 604 43rd St. W. 211 EAST CALL STREET TALLAHASSEE, FL 32301-Bradenton 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. 1/10/07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D۷ TITLE TITLE ☐ Delete ☐ Change ☐ Addition ROBERSON, KENNETH NAME NAME STREET ADDRESS **765 TAMAIMI-PO BOX 2966** STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL CITY-ST-7IP TITLE ☐ Delete TITLE President. ☐ Change (Addition NAME NAME Dale Eugene Brown STREET ADDRESS STREET ADDRESS 604 43rd St. W., Bradenton, FL 34209 CITY-ST-ZIP CITY-ST-70P TITLE Secretary/Treasurer Change XX Addition □ Delete TITLE NAME Gina B. Brown STREET ADDRESS STREET ADDRESS 604 43rd St. W., Bradenton, FL 34209 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete FITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79P TITLE TITLE □ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TIT! F Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 16, 2007 8:00 am