

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90020 018 ***150.00

DOCUMENT # F96199

1. Entity Name
TRUST 100, INC.



Principal Place of Business
604 43RD ST W
BRADENTON, FL ~~34280 4445~~ US
34209

Mailing Address
P.O. BOX 14445
BRADENTON, FL 34280-4445 US



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2226255

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BROWN, DALE E
604 43RD ST. W.
BRADENTON, FL 34209

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DV
NAME ROBERSON, KENNETH JASON TOALE
STREET ADDRESS 766 TAMAIMI PO BOX 2066 POSTAL DRAWER T
CITY-ST-ZIP PORT CHARLOTTE, FL SARASOTA, FL 34230

TITLE P
NAME BROWN, DALE E
STREET ADDRESS 604 43RD ST. W
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ST
NAME BROWN, GINA B
STREET ADDRESS 604 43RD ST. W.
CITY-ST-ZIP BRADENTON, FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Dale E. Brown DALE E. BROWN

1/22/08

(941) 748-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #