


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G28812
 1. Entity Name
TRADEMARK NITROGEN CORP.



Principal Place of Business Mailing Address
1216 OLD HOPEWELL ROAD **1216 OLD HOPEWELL ROAD**
TAMPA FL 33619 **TAMPA FL 33619**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FCI Number Applied For
59-2268016 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOPWOOD, SAMUEL C.
1216 OLD HOPEWELL RD
TAMPA FL 33619

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	STD	<input type="checkbox"/> Delete
NAME	NELSON, DON A.	
STREET ADDRESS	1216 OLD HOPEWELL RD	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLEVINS, WILLIAM E.	
STREET ADDRESS	1216 OLD HOPEWELL RD	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOPWOOD, SAMUEL C.	
STREET ADDRESS	1216 OLD HOPEWELL RD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDT, RICK	
STREET ADDRESS	P O BOX 277	
CITY - ST - ZIP	PLEASANT PLAINS IL 62677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000437946
 02/28/06-80068-019 158.75

12. 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.

SIGNATURE:  **DON A. NELSON** 2/6/06 813-624-1181