


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # G28812 1. Entity Name TRADEMARK NITROGEN CORP.	
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Principal Place of Business 1216 OLD HOPEWELL ROAD TAMPA, FL 33619	Mailing Address 1216 OLD HOPEWELL ROAD TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2268016	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOPWOOD, SAMUEL C.
1216 OLD HOPEWELL RD
TAMPA, FL 33619

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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:  SAMUEL C. HOPWOOD 1-4-07
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

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

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01/09/07-80062-003 158.75

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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:  DON A. NELSON 1/04/07 813-626-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #