

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90137 030 \*\*\*150.00

**DOCUMENT # G38615**

1. Entity Name  
**TRADEWAY SUPPLY, INC.**



Principal Place of Business  
**1901 13TH STREET  
SARASOTA, FL 34237**

Mailing Address  
**1901 13TH STREET  
SARASOTA, FL 34237**



07082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2286932</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BAKER, MICHAEL, C.P.A.  
5702 CLARK RD  
SARASOTA, FL 34233**

**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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PDS
NAME	TROUTMAN, KEITH
STREET ADDRESS	1839 S. ORANGE AVENUE
CITY - ST - ZIP	SARASOTA, FL 34239

TITLE	VPD
NAME	TROUTMAN, VICTORIA
STREET ADDRESS	1839 S ORANGE AVE
CITY - ST - ZIP	SARASOTA, FL 34239

TITLE	STD
NAME	BAKER, MICHAEL L
STREET ADDRESS	5702 CLARK ROAD
CITY - ST - ZIP	SARASOTA, FL 34233

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 has not been changed, or on an attachment with an address, with all other like empowered.

**KEITH TROUTMAN  
PRESIDENT**

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/13/06 941-365-697**

Date

Daytime Phone #

**SIGN  
& DATE**