

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90015 021 ***150.00

DOCUMENT # H69820

1. Entity Name
TRAWLER MICHAEL ANTHONY, INC.



Principal Place of Business
**3020 RIDGEVALE CIRCLE
VALRICO, FL 33594 US**

Mailing Address
**3020 RIDGEVALE CIRCLE
VALRICO, FL 33594 US**

DO NOT WRITE IN THIS SPACE

03252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2576246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONTGOMERY, ANTIGONE E
3539 APALACHEE PARKWAY
SUITE 150
TALLAHASSEE, FL 32311**

*Mr. Sam Vona
3020 Ridge Vale Cir
Valrico, FL 33594*

**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, 2006 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
**P
VONA, MICHAEL ANTHONY
3020 RIDGEVALE CIRCLE
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
VONA, NINA E.
3020 RIDGEVALE CIRCLE
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
VONA, SAM
3020 RIDGEVALE CIRCLE
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sam Vona 3-27-06-813-681-6003