2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# H79327

Entity Name: PATRICIA TRAPNELL, INC.

Current Principal Place of Business:

1061 E. INDIANTOWN ROAD
104
JUPITER, FL 33477 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 458
VICTOR, ID 83455 US

New Mailing Address:

FEI Number: 59-2581039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

S. BARRIE GODOWN, CPA, PA
1061 E. INDIANTOWN ROAD
104
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	CRAWFORD, PATRICIA T	
Address:	P.O. BOX 458	
City-St-Zip:	VICTOR, ID 83455 US	
Title:	VP	( ) Delete
Name:	CRAWFORD, CLETUS A	
Address:	P.O. BOX 458	
City-St-Zip:	VICTOR, ID 83455 US	
Title:	VP	( ) Delete
Name:	HALL, FREDERICK	
Address:	1320 POINSETTA	
City-St-Zip:	PORT ST. LUCIE, FL 34952 US	
Title:	S	( ) Delete
Name:	CRAWFORD, PATRICIA T	
Address:	P.O. BOX 458	
City-St-Zip:	VICTOR, ID 83455 US	
Title:	T	( ) Delete
Name:	GODAON, BARRIE	
Address:	1061 E INDIANTOWN RD #104	
City-St-Zip:	JUPITER, FL 33477	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S BARRIE GODOWN CPA 04/15/2009

Electronic Signature of Signing Officer or Director — Date