2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # J52665

1. Entity Name
T.R.S.T. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2530 LAKE ST PO BOX 22 LAWTEY, FL 32058 US	P O BOX 22 P.O. BOX 22 LAWTEY, FL 32058 US

DO NOT WRITE IN THIS SPACE

01072007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0236071
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, OLIVIA T
2530 LAKE ST
P O BOX 22
LAWTEY, FL 32058

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	THOMPKINS, AURORA
STREET ADDRESS	21373 NE 40TH ST
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	D
NAME	SCOTT, OLIVIA T
STREET ADDRESS	2530 LAKE ST
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	D
NAME	SCOTT, JIMMIE L
STREET ADDRESS	2530 LAKE ST
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	D
NAME	ROBINSON, HENRY
STREET ADDRESS	880 N.W. 33RD WAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	ROBINSON, ANNETTE
STREET ADDRESS	880 N.W. 33RD WAY
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/07-80005-001 150.00

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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: Olivia J. Scott Olivia T. Scott 1-8-07 904/782-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #