

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90020 029 ***150.00

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|--|--|---|---|---|---|
| DOCUMENT # J52665 1. Entity Name T.R.S.T. ENTERPRISES, INC. | | | | | |
| Principal Place of Business 2530 LAKE ST PO BOX 22 LAWTEY, FL 32058 US | | | Mailing Address P O BOX 22 P.O. BOX 22 LAWTEY, FL 32058 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 65-0236071 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SCOTT, OLIVIA T 2530 LAKE ST P O BOX 22 LAWTEY, FL 32058 | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, AURORA 21373 NE 40TH ST WILLISTON, FL 32696 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Scott, Olivia T. 2530 Lake St. Lawtey, FL 32058 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCOTT, OLIVIA T 2530 LAKE ST LAWTEY, FL 32058 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jimmie L. Scott 2530 Lake St. Lawtey, FL 32058 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCOTT, JIMMIE L 2530 LAKE ST LAWTEY, FL 32058 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Robinson, Annette 880 N.W. 33rd Way Ft. Lauderdale, FL 33311 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON, HENRY 880 N.W. 33RD WAY FORT LAUDERDALE, FL 33311 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Robinson, Henry 880 N.W. 33rd Way Ft. Lauderdale, FL 33311 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON, ANNETTE 880 N.W. 33RD WAY FT. LAUDERDALE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Thompkins, Aurora 21373 NE 40th ST Williston, FL 32696 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Olivia T. Scott</i> <i>Olivia T. Scott</i> 1-13-08 904/782-3477 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |