


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L60030	
1. Entity Name TRS PROPERTIES, INC.	

Principal Place of Business % THOMAS M. STENGLEIN 1307 2ND AVENUE - P.O. BOX 76071 TAMPA, FL 33675	Mailing Address % THOMAS M. STENGLEIN 1307 2ND AVENUE - P.O. BOX 76071 TAMPA, FL 33675 US
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DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3006675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STENGLEIN, THOMAS M.
1307 2ND AVE.
TAMPA, FL 33675

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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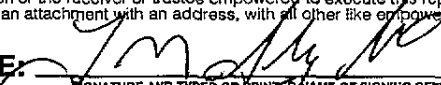
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STENGLEIN, THOMAS M. 1307 2ND AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STENGLEIN, DANIEL L. 1307 2ND AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ROSENDE, LEONARD J. 1307 2ND AVE TAMPA, FL
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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04/08/05-80047-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  T.M. Stenglein 4/1/05 813-247-4429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #