


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90304 041 ***150.00

DOCUMENT # L60030 1. Entity Name TRS PROPERTIES, INC.	
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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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40070910



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3006675	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STENGLEIN, THOMAS M. 1307 2ND AVE. TAMPA, FL 33675

**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 _____ (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	PD STENGLEIN, THOMAS M. 1307 2ND AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STENGLEIN, DANIEL. Resigned 4/15/06 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	

**DO NOT WRITE
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:  T.M. STENGLEIN 04/18/06 813-247-4429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #