2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M74305

Title:

Name: Address:

City-St-Zip:

VD

(X) Delete

PORT CHARLOTTE, FL 33948

TROMBLE, MICHELE

1720 EL JOBEAN RD

Entity Name: TROMBLE AND COMPANY INC

FILED Jan 09, 2008 Secretary of State

	TROWDE	_/(1000	OWN 7 (140).					
Current Principal Place of Business:				New Principal Place of Business:				
1720 EL JOBEAN ROAD					1720 EL JOBEAN ROAD			
PORT CHARLOTTE, FL 33948 US					101 PORT CHARLOTTE, FL	33948	US	
Current Mailing Address:					New Mailing Address:			
1720 EL JOBEAN ROAD					1720 EL JOBEAN ROAD 101			
103 PORT CHA	ARLOTTE, FL	33948	US		PORT CHARLOTTE, FL	33948	US	
FEI Number:	65-0043760	FEI Nun	nber Applied For()	FEI Num	nber Not Applicable ()	Certificat	e of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
TROMBLE, RICK 1720 EL JOBEAN RD SUITE 103 PORT CHARLOTTE, FL 33948 US				TROMBLE, RICK 1720 EL JOBEAN RD SUITE 101 PORT CHARLOTTE, FL 33948 US				
The above in the State		ubmits tl	his statement for the pu	ırpose of	changing its registered c	office or re	egistered agent, or both,	
SIGNATURE:					01/09/2008			
Electronic Signature of Registered Agent					Date			
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSD () TROMBLE, RICH 1720 EL JOBEA PORT CHARLOT	N RD	3948		Title: () Name: Address: City-St-Zip:) Change() Addition	
Title: Name: Address: City-St-Zip:	VD (X) SILVA, CARLOS 1720 ELJOBEAN PORT CHARLO	N RD	3948		Title: () Name: Address: City-St-Zip:) Change() Addition	
Title: Name: Address: City-St-Zip:	SD (X) ROBINSON, JES 1720 ELJOBEAN PORT CHARLOT	N RD	3948		Title: (] Name: Address: City-St-Zip:) Change() Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICK TROMBLE PRES 01/09/2008

() Change () Addition