

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001409

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Entity Name:** TROJAN LACROSSE, INC.

**Current Principal Place of Business:**

612 NW 109TH TER  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

612 NW 109TH TER  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

**FEI Number:** 20-2336646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LETIZIA, MAUDI  
612 NW 109TH TER  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** LETIZIA, MAUDI  
**Address:** 612 NW 109TH TER  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US

**Title:** D  
**Name:** VALERIOTI, PETER  
**Address:** 678 NW 110 AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US

**Title:** D  
**Name:** VALERIOTI, BARBARA  
**Address:** 678 NW 110 AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US

**Title:** D  
**Name:** DAVIS, GALIA  
**Address:** 601 NW 109 TER  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MAUDI LETIZIA

D

01/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date