

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007384

FILED
Jan 05, 2007
Secretary of State

Entity Name: TROOP 12, INC.

Current Principal Place of Business:

205 2ND AVE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

P O BOX 7
LUTZ, FL 33549

New Mailing Address:

FEI Number: 51-0597026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ROBERT P
16714 HANNA RD
LUTZ, FL 33549 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 () Delete
Name: JACKSON, ROBERT P
Address: 16714 HANNA RD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: GENOVESE, DONALD R
Address: 19910 DEER LAKE RD
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: MORSE, JOHN W
Address: 18573 KINGBIRD DR
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: HISAMOTO, JOHN A
Address: 22819 SOUTHSORE DR
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: WEBSTER, DOUGLAS R
Address: 516 OLD GROVE DR
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P. JACKSON

P

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date