

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010220

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: TROWELL ENTERPRISES INCORPORATED

**Current Principal Place of Business:**

6808 NW 290TH ST.  
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

**Current Mailing Address:**

175 NW 138TH TERR #100  
NEWBERRY, FL 32669

**New Mailing Address:**

175 NW 138TH TERR #100  
NEWBERRY, FL 326692776

FEI Number: 59-3633343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TROWELL, ROBERT  
6808 NW 290TH ST.  
HIGH SPRINGS, FL 32643 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: TROWELL, ROBERT  
Address: 6808 NW 290TH ST.  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: PT ( ) Delete  
Name: TROWELL, DARLENE  
Address: 6808 NW 290TH ST  
City-St-Zip: HIGH SPRINGS, FL 32343

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP ( ) Change (X) Addition  
Name: TROWELL, RONALD T  
Address: 6326 NW 290TH ST  
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DARLENE TROWELL

PT

04/25/2005

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

\_\_\_\_\_  
Date