

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010220

FILED
Jun 30, 2006
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 326692776

New Mailing Address:

6808 NW 290TH ST
HIGH SPRINGS, FL 32643

FEI Number: 59-3633343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

TROWELL, DARLENE B
6808 NW 290TH ST.
HIGH SPRINGS, FL 32643 US

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: DARLENE B TROWELL

06/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: TROWELL, RONALD T
Address: 6808 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 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.

SIGNATURE: DARLENE B TROWELL

PT

06/30/2006

Electronic Signature of Signing Officer or Director

Date