

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010220

FILED
Jun 10, 2009
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:

6808 NW 290TH ST
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 59-3633343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROWELL, DARLENE B
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

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

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

Title: VPD (X) Delete
Name: TROWELL, RONALD T
Address: 6808 NW 290TH ST
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VPD (X) Delete
Name: TROWELL, LINDSEY R
Address: 6808 NW 290TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

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:

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.

SIGNATURE: DARLENE B TROWELL

PRES

06/10/2009

Electronic Signature of Signing Officer or Director

_____ Date