


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000073317</b> 1. Entity Name <b>TRAWLER ELAINE MARIE, INC.</b>					
Principal Place of Business <b>2613 STERN DRIVE EAST ATLANTIC BEACH, FL 32233</b>		Mailing Address <b>2613 STERN DRIVE EAST ATLANTIC BEACH, FL 32233</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>HILLEGASS, WILLIAM 427 N. 3RD STREET JACKSONVILLE, FL 32250</b>		4. FEI Number <b>59-3665850</b> <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For					
Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03012006    No Chg-P    CR2E034 (11/05)			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>PACK, MARK H 2613 STERN DRIVE EAST ATLANTIC BEACH, FL 32233</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>PACK, LYNDA 2613 STERN DRIVE EAST ATLANTIC BEACH, FL 32233</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> <i>Lynda Pack</i> <b>LYNDA PACK TREASURER</b>		Date <b>3/01/06</b> (904) 246-0203			

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