


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000073317</b> 1. Entity Name <b>TRAWLER ELAINE MARIE, INC.</b>	
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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>
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03042007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3665850</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HILLEGASS, WILLIAM 427 N. 3RD STREET JACKSONVILLE, FL 32250</b>	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PACK, MARK H 2613 STERN DRIVE EAST ATLANTIC BEACH, FL 32233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PACK, LYNDIA 2613 STERN DRIVE EAST ATLANTIC BEACH, FL 32233</b>

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03/19/07-80008-018 150.00

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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.

**SIGNATURE:** LYNDIA PACK Lyndia Pack      3/05/07 (904) 246-0203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #