## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000076131

Entity Name: TROVENTURE, INC.

FILED Mar 21, 2005 Secretary of State

7822 W IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747

Current Mailing Address: New Mailing Address:

7822~W IRLO BRANSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747

FEI Number: 59-3664984 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TROVER, HOLLY L OWNER

2884 BLOOMING ALAMANDA LOOP

KISSIMMEE, FL 34747 US

TROVER, HOLLY L OWNER

2711 FORMOSA

KISSIMMEE, FL 34747 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: 03/21/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: V (X) Change () Addition

 Name:
 TROVER, STEVE
 Name:
 TROVER, STEVE

 Address:
 2884 BLOOMING ALAMANDA LOOP
 Address:
 2711 FORMOSA

 City-St-Zip:
 KISSIMMEE, FL 34747
 City-St-Zip:
 KISSIMMEE, FL 34747

Title: P () Delete Title: P (X) Change () Addition

 Name:
 TROVER, HOLLY
 Name:
 TROVER, HOLLY

 Address:
 2884 BLOOMING ALAMANDA LOOP
 Address:
 2711 FORMOSA

City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: KISSIMMEE, FL 34747

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BERGSTEN, CHRISTINA C
 Name:

 Address:
 2437 BERKSHIRE COURT
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:

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: HOLLY TROVER P 03/21/2005