2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P00000080236

1. Entity Name

TRAPP INVESTMENTS, INC.

Principal Place of Business	Mailing Address
302 18TH AVENUE SOUTH NAPLES FL 34102	302 18TH AVENUE SOUTH NAPLES FL 34102

MOORE   CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address	
Suite. Apt. #, etc.	Suite. Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-3667556 — Applied F... / Not Applic...
Zip — Country	Zip — Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRAPP, ROBERT A 302 18TH AVENUE S NAPLES FL 34102	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 acc... the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State | | **9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May ... Added to Fees |

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Ad...
NAME	TRAPP, ROBERT A		NAME		
STREET ADDRESS	302 18TH AVENUE S		STREET ADDRESS	U00000011092	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	01/23/04-80023-011 150.00	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ A...
NAME	TRAPP, MARGARET		NAME		
STREET ADDRESS	302 18TH AVENUE S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad...
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ A...
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath, that I am an officer or direct... 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Robert A. Trapp_   ROBERT A. TRAPP   1/19/2004   (239) 263-1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #