


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90442 039 \*\*\*150.00

**DOCUMENT # P0000097519**

1. Entity Name  
TRAILWOOD PRODUCTIONS, INC.



Principal Place of Business 1922 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952	Mailing Address 1922 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1046131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PEMBROKE, WILLIAM G  
1922 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARLETT, RICHARD P O BOX 1338 JUPITER, FL 33468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARLETT, VALERIE P O BOX 1338 JUPITER, FL 33468
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IN THIS SPACE**

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 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: Valerie Arlett 4-29-04

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