## 2006 FOR PROFIT CORPORATION

## Jun 13, 2006 8:00 am **Secretary of State ANNUAL REPORT** 06-13-2006 90002 004 \*\*\*150.00 DOCUMENT # P01000110403 WEST FLORIDA TROPHIES, INC. 50021406 Principal Place of Business Mailing Address 6457 HWY 90 W ■6457 HWY 90 W MILTON, FL 32570 MILTON, FL 32570 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3757808 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHIBBS, SUZANNE DO NOT WRITE 105 E GREGORY SQUARE PENSACOLA, FL 32501 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WEAVER, ANNA 9701 CHUMUBBLA ROAD 5449 Timber Creeke. STREET ADDRESS CITY-ST-ZIP JAY FL 32565 Pace FL 32571 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP

FILED