

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005950

FILED
Jan 08, 2006
Secretary of State

Entity Name: TRENCH CONNECTION, INC.

Current Principal Place of Business:

2114 LOCKMOOR CIRCLE
N FORT MYERS, FL 33903 US

New Principal Place of Business:

5837 LITTLESTONE CT.
N FORT MYERS, FL 33903 US

Current Mailing Address:

2114 LOCKMOOR CIRCLE
N FORT MYERS, FL 33903 US

New Mailing Address:

5837 LITTLESTONE CT.
N FORT MYERS, FL 33903 US

FEI Number: 51-0440367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, HARVEY W
2114 LOCKMOOR CIR
FT. MYERS, FL 33903 US

Name and Address of New Registered Agent:

STEVENS, HARVEY W
5837 LITTLESTONE CT.
FT. MYERS, FL 33903 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:

01/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEVENS, MARY
Address: 2114 LOCKMOOR CIRCLE
City-St-Zip: N FORT MYERS, FL 33903

Title: D () Delete
Name: STEVENS, HARVEY
Address: 2114 LOCKMOOR CIRCLE
City-St-Zip: N FORT MYERS, FL 33903

Title: D () Delete
Name: STEVENS, ELIZABETH D
Address: 2114 LOCKMOOR CIRCLE
City-St-Zip: N FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEVENS, MARY
Address: 5837 LITTLESTONE CT.
City-St-Zip: N FORT MYERS, FL 33903

Title: D (X) Change () Addition
Name: STEVENS, HARVEY
Address: 5837 LITTLESTONE CT.
City-St-Zip: N FORT MYERS, FL 33903

Title: D (X) Change () Addition
Name: STEVENS, ELIZABETH D
Address: 5837 LITTLESTONE CT.
City-St-Zip: N FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARY STEVENS

D

01/08/2006

Electronic Signature of Signing Officer or Director

Date