

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072056

Entity Name: ED TRUBENBACH, INC.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

4650 PARKER COURT
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 621206
OVIEDO, FL 32762-120 US

New Mailing Address:

FEI Number: 11-3695328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUBENBACH, EDWARD
4650 PARKER CT
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRUBENBACH, EDWARD
Address: 4650 PARKER CT
City-St-Zip: OVIEDO, FL 32765 US

Title: VP () Delete
Name: FARMER, NANCY M
Address: 821 NOCTURNE DR.
City-St-Zip: CHULUOTA, FL 32766 US

Title: T () Delete
Name: LILLIE, ROBERT A
Address: 1811 CHIPPEWA TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: NICHOLSON, SCOTT W
Address: 821 NOCTURNE DR.
City-St-Zip: CHULUOTA, FL 32766

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: NANCY M. FARMER

VP

01/11/2006

Electronic Signature of Signing Officer or Director

Date