

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 10 PM 3:59

DOCUMENT # P03000073515

1. Entity Name
TRAYNOR ENTERPRISES, INC.



Principal Place of Business
1093 MALLARD MARSH DR.
OSPREY, FL 34229

Mailing Address
1093 MALLARD MARSH DR.
OSPREY, FL 34229



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09282006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-0216745

Applied For
Not Applicable

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

TRAYNOR, MARK
14118 CATTLE EGRET PL
BRADENTON, FL 34202

Name
Susan B. Hecker
Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Avenue
City
Sarasota FL Zip Code
34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TRAYNOR, MARK
STREET ADDRESS 14118 CATTLE EGRET PLACE
CITY-ST-ZIP BRADENTON, FL 34202 ☐ Delete

TITLE PD
NAME TRAYNOR, MARK
STREET ADDRESS 1093 MALLARD MARSH DR.
CITY-ST-ZIP OSPREY, FL 34229 ☒ Change ☐ Addition

TITLE VD
NAME TRAYNOR, ANNE
STREET ADDRESS 14118 CATTLE EGRET PLACE
CITY-ST-ZIP BRADENTON, FL 34202 ☐ Delete

TITLE VSTD
NAME TRAYNOR, ANNE
STREET ADDRESS 1093 MALLARD MARSH DR.
CITY-ST-ZIP OSPREY, FL 34229 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A Traynor

9/29/06

941-966-5314