

Amended 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-12-2004 90247 045 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

DOCUMENT # P03000087816					
1. Entity Name TROPHY LAND, INC.					
Principal Place of Business 29340 DOWNY PLACE WESLEY CHAPEL FL 33544			Mailing Address 29340 DOWNY PLACE WESLEY CHAPEL FL 33544		
2. Principal Place of Business 4821 ALLEN ROAD,		3. Mailing Address 4821 ALLEN ROAD,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ZEPHYRHILLS, FL		City & State ZEPHYRHILLS, FL		4. FEI Number 55-0844913	
Zip 3354		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HASEGAWA, YUKO 29340 DOWNY PLACE WESLEY CHAPEL FL 33544			7. Name and Address of New Registered Agent Name: HASEGAWA, YUKO Street Address (P.O. Box Number is Not Acceptable): 6440 CHESHIRE COURT, City: WESLEY CHAPEL, FL Zip Code: 33544		
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		YUKO HASEGAWA		4-9-04	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME HASEGAWA, TAKASHI <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 29340 DOWNY PLACE	6440 CHESHIRE COURT,		STREET ADDRESS		
CITY-ST-ZIP WESLEY CHAPEL FL 33544			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			4/9/04 813-783-1347		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		