


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000087816 1. Entity Name TROPHY LAND, INC.	
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Principal Place of Business 4821 ALLEN ROAD ZEPHYRHILLS, FL 33541	Mailing Address 4821 ALLEN ROAD ZEPHYRHILLS, FL 33541
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DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0844913	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HASEGAWA, YUKO 6440 CHESHIRE COURT WESLEY CHAPEL, FL 33544	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASEGAWA, TAKASHI 6440 CHESHIRE COURT WESLEY CHAPEL, FL 33544
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UD0000275025
03/25/05-80024-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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	TAKASHI HASEGAWA X PRE3	3/18/05 Date	813-783-1347 Daytime Phone #
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