

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000099587

1. Entity Name
TRAILBLAZER COMPANY



Principal Place of Business
**5782 OLD RANCH ROAD
SARASOTA, FL 34241**

Mailing Address
**5782 OLD RANCH ROAD
SARASOTA, FL 34241**



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0796957

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET
STE 1
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000520736
05/02/06-80107-011 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME DECKER, KATHLEEN
STREET ADDRESS 5782 OLD RANCH ROAD
CITY-ST-ZIP SARASOTA, FL 34241

TITLE D
NAME CAUSEY, OMER
STREET ADDRESS 5782 OLD RANCH ROAD
CITY-ST-ZIP SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

Kathleen A. Decker **KATHLEEN A. Decker** 4-15-06 941-927-5767