

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90067 025 ***150.00

DOCUMENT # P03000124508

1. Entity Name

JERRY TROUSE INC.



Principal Place of Business

Mailing Address

SPRING HILL FL 34608

SPRING HILL FL 34608

5464 KEYSVILLE AVE. 5464 KEYSVILLE AVE.

2. Principal Place of Business

5464 KEYSVILLE AVE.

3. Mailing Address

5464 KEYSVILLE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

4. FEI Number

20-0391463

Applied For

Not Applicable

Zip

34608

Country

USA

Zip

34608

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROUSE, GERALD C

SPRING HILL FL 34608

5464 KEYSVILLE AVE.

7. Name and Address of New Registered Agent

Name

TROUSE, GERALD C.

Street Address (P.O. Box Number is Not Acceptable)

5464 KEYSVILLE AVE.

City

SPRING HILL, FL

Zip Code

34608

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

GERALD C. TROUSE

PRESIDENT

2-13-06

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TROUSE, GERALD C
5464 KEYSVILLE AVE.
SPRING HILL FL 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TROUSE GERALD C.
5464 KEYSVILLE AVE.
SPRING HILL, FL 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: GERALD C. TROUSE GERALD C. TROUSE 2-13-06 (352) 591-5776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #