

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000148537

1. Entity Name
TROWBRIDGE TRADES INC



Principal Place of Business
**415 ST CHARLES AVE
MERRITT ISL, FL 32953 US**

Mailing Address
**415 ST CHARLES AVE
MERRITT ISL, FL 32953 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
34-2031128

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TROWBRIDGE, ROSEMARY
415 ST CHARLES AVE
MERRITT ISL, FL 32953**

Name

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

City

FL Zip Code

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, 2007 Fee will be \$550.00**

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
P
NAME
TROWBRIDGE, ERWIN III
STREET ADDRESS
415 ST CHARLES AVE
CITY-ST-ZIP
MERRITT ISL, FL 32953

Delete

TITLE
VP
NAME
Cody Bernath
STREET ADDRESS
310 St. Charles Ave
CITY-ST-ZIP
Merritt Isl. Fl 32953

Change Addition

TITLE
VP
NAME
CARTER, JAMIE L
STREET ADDRESS
6590 WHALEY RD.
CITY-ST-ZIP
MERRITT ISLAND, FL 32953

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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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.

1128/07

SIGNATURE: *Erwin Trowbridge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #