

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171131

Entity Name: TRAILWOOD 8, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

713 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

713 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 20-2041738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILEY, DAVID J
713 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

MILLER, DEBRA
713 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: DEBRA MILLER

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: MILLER, DEBRA
Address: 5809 ALSTRUM DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP D () Delete
Name: WHALEN, DAVID R
Address: 5803 SOUTH RIDGEWOOD
City-St-Zip: PORT ORANGE, FL 32127

Title: S D () Delete
Name: VOSHELL, ROBERT C
Address: 2736 TURNBULL ESTATES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T D (X) Delete
Name: WILEY, DAVID J
Address: 713 LIVE OAK STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: VOSHELL, ROBERT C
Address: 2736 TURNBULL ESTATES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA MILLER

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date