

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055490

FILED
Apr 11, 2007
Secretary of State

Entity Name: TROCHAKO ENTERPRISES INC

Current Principal Place of Business:

4528 26TH PLACE SW
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

4528 26TH PLACE SW
NAPLES, FL 34116

New Mailing Address:

4001 SANTA BARBARA BLVD
340
NAPLES, FL 34104

FEI Number: 81-0668096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
CALOOSEHATCHE TAX & FINANCIAL SERVICE INC
1749 NE 10TH TERRACE STE D
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

SWAN, LAWRENCE
CALOOSEHATCHE TAX & FINANCIAL SERVICE INC
709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914 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: LAWRENCE SWAN

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, MELANIE
Address: 4528 26TH PLACE SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMPSON, MELANIE
Address: 4528 26TH PLACE SW
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MELANIE THOMPSON

D

04/11/2007

Electronic Signature of Signing Officer or Director

Date