2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/29/2006-90005-004-$150.00-$150.00

FILED
06 SEP 28 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07162006 Chg-P CR2E034 (11/05)

DOCUMENT #P05000121525

1. Entity Name
TRAPEM, INC.

Principal Place of Business	Mailing Address
409 HILLTOP AVENUE N. CLEARWATER, FL 33755	409 HILLTOP AVENUE N. CLEARWATER, FL 33755

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 47-0960462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTAGNA, EDWARD C JR. 611 DRUID ROAD E. #710 CLEARWATER, FL 33756	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	P/S ROSS, STIRLING D 409 HILLTOP AVENUE N. CLEARWATER, FL 33755 ☐ 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
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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.

SIGNATURE: S D Ross 8-25-06 / 727-4201273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 9/29

ATTACHMENT 401020977
#P05000121525

8-25-06

To Whom it May Concern

Dear Sir/Madame

I never received my first notice to file for annual report, or maybe mistook it for junk mail. I ask that I be waived of the Penalty for late filing.
This is my 1ST year owning my own buisshes, I have enterd the date due into my calender and I am Sure it wont happen again.
Enclosed is my check for $150.00
If this cannot be waived I will send in additional Payment
If there are any Questoons my Cell # is 727-420-1273
Thank You

Best Regards

Stg Bott