# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2008**
**Secretary of State**

DOCUMENT# P06000071079

**Entity Name:** TROSCO ENTERPRISES, INC.

**Current Principal Place of Business:**

2338 PINERIDGE ROAD
THE CROSSINGS
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

9746 WILSHIRE LAKES BLVD.
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number: 20-4902683** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELANCON, TROY A
9746 WILSHIRE LAKES BLVD.
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MELANCON, TROY
Address: 9746 WILSHIRE LAKES BLVD.
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete
Name: SCHULTZ, SCOTT
Address: 762 LYNNMORE LANE
City-St-Zip: NAPLES, FL 34108

Title: S ( ) Delete
Name: MELANCON, VESNA
Address: 9746 WILSHIRE LAKES BLVD.
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete
Name: SCHULTZ, BETH
Address: 762 LYNNMORE LANE
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TROY A MELANCON PRES 04/23/2008

Electronic Signature of Signing Officer or Director — Date