

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000095313

Entity Name: TROLL TRAVELER, INC

FILED
Sep 14, 2009
Secretary of State

Current Principal Place of Business:

4303 SIOUX CT
ST CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4303 SIOUX CT
ST CLOUD, FL 34772

New Mailing Address:

FEI Number: 26-1192028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTE, PENELOPE
4303 SIOUX CT
KISSIMMEE, FL 34772 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPERENA, JOSE
Address: 4303 SIOUX CT
City-St-Zip: ST CLOUD, FL 34772

Title: VP () Delete
Name: MONTE, PENELOPE
Address: 4303 SIOUX CT
City-St-Zip: KISSIMMEE, FL 34772

Title: T () Delete
Name: MONTE, PENELOPE
Address: 4303 SIOUX CT
City-St-Zip: ST CLOUD, FL 34772

Title: S () Delete
Name: REID, DENISE
Address: 2440 TESORO CT
City-St-Zip: KISSIMMEE, FL 34744

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: PENELOPE MONTE

VP

09/14/2009

Electronic Signature of Signing Officer or Director

Date