


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000082144**  
1. Entity Name  
**TROVILLION CONSTRUCTION & DEVELOPMENT, INC.**



Principal Place of Business      Mailing Address  
**1901 WOODWARD STREET**      **1901 WOODWARD STREET**  
**ORLANDO, FL 32803**      **ORLANDO, FL 32803**

**DO NOT WRITE IN THIS SPACE**



04132005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-3211219**      Applied For  
Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**SIMS, LORI R CPA**  
**1400 WEST FAIRBANKS AVENUE**  
**STE. 102**  
**WINTER PARK, FL 32789**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE, Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.        **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TROVILLION, DOUGLAS P
STREET ADDRESS	1901 WOODWARD STREET
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000321816  
04/21/05-80092-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/2005 (407) 895-9200**  
Date Day/Time Phone #