

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000086225**

1. Entity Name  
**TRAFALGAR ENTERPRISES, INC.**



Principal Place of Business  
**4983 BROOK RD  
KISSIMMEE, FL 34758 US**

Mailing Address  
**4983 BROOK RD  
KISSIMMEE, FL 34758 US**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3219975** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HAWKSWORTH, ALAN  
4983 BROOK ROAD  
KISSIMMEE, FL 34758**

**DO NOT WRITE  
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

*Signature, typed or printed name of registered agent and title, if applicable*

(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000416894  
02/13/06-80033-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CRAVEN, RONALD  
CROSS LANE MILLS, CROSS LANE  
BRADFORD, W. YORKSHIRE,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HAWKSWORTH, ALAN  
4983 BROOK ROAD  
KISSIMMEE, FL 34758**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Date

**01/31/06 407 908 9294**  
Daytime Phone #