

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 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



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3219975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKSWORTH, ALAN
4983 BROOK ROAD
KISSIMMEE, FL 34758

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000893200
04/23/08-80098-006 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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

04/08/08

Date

Daytime Phone #

407 933 5242