

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000046153

1. Entity Name
TROLOW REAL ESTATE, INC.



Principal Place of Business

**1617 HENDRY ST.
SUITE 205
FT. MYERS, FL 33901**

Mailing Address

**1617 HENDRY ST.
SUITE 205
FT. MYERS, FL 33901**

DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0498945

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOEPEL, STEVEN G
1617 HENDRY STREET, SUITE 205
FORT MYERS, FL 33901**

**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 re-electing)

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

U00000799224
01/30/08-80048-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TROY, JEFFREY D
STREET ADDRESS	1617 HENDRY ST., SUITE 205
CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	DVPT
NAME	YESLOW, MARK B
STREET ADDRESS	1617 HENDRY ST., SUITE 205
CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	DVPS
NAME	KOEPEL, STEVEN G
STREET ADDRESS	1617 HENDRY ST., SUITE 205
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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

Steven G. Koepel

Date

Daytime Phone #

1-24-08 239 337 4343