

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-10-2006 90331 017 ***150.00

DOCUMENT # P96000032504

1. Entity Name
TRUST HOLDINGS CORPORATION



Principal Place of Business Mailing Address
3431 PINE RIDGE ROAD, SUITE 101 3431 PINE RIDGE ROAD, SUITE 101
NAPLES, FL 34109 NAPLES, FL 34109

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04042006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0669056 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, JOHN P
3431 PINE RIDGE ROAD, SUITE 101
NAPLES, FL 34109

Name White, John P.
Street Address (P.O. Box Number is Not Acceptable)
1575 Pine Ridge Road, Suite 10
City Naples FL Zip Code 34109

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] (NOTE: Registered Agent signature required when re-registering) DATE 4-4-06

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JOHN P	
STREET ADDRESS	3431 PINE RIDGE ROAD, SUITE 101	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	White, Ann E.	<input type="checkbox"/> Delete
NAME	1575 Pine Ridge Road, Suite 10	
STREET ADDRESS	Naples, FL 34109	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres; Sec; DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN E. WHITE	
STREET ADDRESS	1575 PINE RIDGE RD, STE 10	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ann E. White, Pres. DATE 4-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #