## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90475 034 \*\*\*150.00 **DOCUMENT # P96000092088** 1. Entity Name TRACO, INC. \*\*\*\*\*\*\*\*\* Principal Place of Business Mailing Address PO BOX 211 3022 STANFORD RD J PANAMA CITY, FL 32405 PANAMA CITY, FL 32402 04162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3442868 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, TRACY L DO NOT WRITE 3022 STANFORD RD STE J PANAMA CITY, FL 32405 IN THIS SPACE 8. The above named entity Submils me 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, types or printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TILE NAME DAVIS, TRACY L STREET ADDRESS P.O. BOX 211 CITY-ST-ZIP PANAMA CITY, FL 32402 TITLE STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 true among a management of 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. 4/17/67 850-832-1812 Dayline Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PEFFICER OR DIRECTOR SIGNATURE:

**FILED**