

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026187

Entity Name: TRAFALGAR 800, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

800 TRAFALGAR COURT
STE 200
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

800 TRAFALGAR COURT
STE 200
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-3433335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GARY E
800 TRAFALGAR COURT
#200
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: BROWN, GARY E
Address: 800 TRAFALGAR COURT #200
City-St-Zip: MAITLAND, FL 32751

Title: DV () Delete
Name: VON WELLER, HAROLD J
Address: 800 TRAFALGAR COURT #200
City-St-Zip: MAITLAND, FL 32751

Title: EVD () Delete
Name: DAVIS, STEVEN S
Address: 800 TRAFALGAR COURT #200
City-St-Zip: MAITLAND, FL 32751

Title: VST () Delete
Name: NELSON, LARRY F
Address: 800 TRAFALGAR COURT, #200
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY F NELSON

VST

04/30/2004

Electronic Signature of Signing Officer or Director

Date