2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000093178

1. Entity Name
TRAMAC, INC.

Principal Place of Business	Mailing Address
1827 INDUSTRIAL BLVD TARPON SPRINGS, FL 34689	1827 INDUSTRIAL BLVD TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3482387
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACGREGOR, TRAVIS
1827 INDUSTRIAL BLVD
TARPON SPRINGS, FL 34689

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	D TRAVIS MACGREGOR
STREET ADDRESS	1827 INDUSTRIAL BLVD
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	STD
NAME	JILL N MACGREGOR
STREET ADDRESS	1827 INDUSTRIAL BLVD
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000343046
04/29/05-80077-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: D Travis MacGregor 4/26/05 727 939-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #