

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90031 039 ***150.00

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| DOCUMENT # P97000095068 | | | |
| 1. Entity Name TROM CORP | | | |
| Principal Place of Business 13100-56TH COURT N. SUITE 702 CLEARWATER, FL 33760 | | Mailing Address 13100-56TH COURT N. SUITE 702 CLEARWATER, FL 33760 | |
| 2. Principal Place of Business No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt # etc | | Suite, Apt # etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3477973 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILCOX, RICHARD C 13100-56 COURT N. SUITE 702 CLEARWATER, FL 33760 | | 7. Name and Address of New Registered Agent Name: Omar Fernandez Street Address (P.O. Box Number is Not Acceptable): 3800 Inverrary Blvd Suite 203 City: Lauderhill FL Zip Code: 33319 | |
| 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: 2/14/07 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE: PSD NAME: WILCOX, RICHARD C STREET ADDRESS: 13100-56TH COURT N CITY-ST-ZIP: CLEARWATER, FL 33760 | <input checked="" type="checkbox"/> Delete | TITLE: PSD NAME: Shevlin, Veronica STREET ADDRESS: 13100 56th Court North #702 CITY-ST-ZIP: Clearwater, FL 33760 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: VPTD NAME: FERNANDEZ, OMAR STREET ADDRESS: 13100-56TH COURT N CITY-ST-ZIP: CLEARWATER, FL 33760 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: GONZALEZ, RAUL STREET ADDRESS: 13100-56TH COURT N CITY-ST-ZIP: CLEARWATER, FL 33760 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 as an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: | | Date: 2/14/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 954-640-0331 | |