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Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90162 047 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000046063

1. Entity Name
TROGDEN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
11557 ASHLEY MANOR WAY JACKSONVILLE, FL 32225 US	P.O. BOX 351016 JACKSONVILLE, FL 32235 US

04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
109 ELMWOOD DR.		P.O. BOX 601016	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE, FL		City & State: JACKSONVILLE, FL	
Zip: 32259	Country: ST JOHN'S	Zip: 32260	Country: ST JOHN'S

4. FEI Number: 59-3513776 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

TROGDEN, DONALD R
11557 ASHLEY MANOR WAY
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name: DONALD R TROGDEN
Street Address (P.O. Box Number is Not Acceptable): 109 ELMWOOD DR.
City: JACKSONVILLE FL Zip Code 32259

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] 4-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROGDEN, DONALD R 11557 ASHLEY MANOR WAY JACKSONVILLE, FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DONALD R TROGDEN 109 ELMWOOD DR. JACKSONVILLE, FL 32259	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

DONALD R. TROGDEN

SIGNATURE: [signature] 04.07.05 904.287.7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #