## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2008 08:00 A Secretary of State

Fee Required

| ANI                         | NUAL REPORT            |
|-----------------------------|------------------------|
| DOCUMENT # P990             | 00044464               |
| TRAIL PROPERTIES OF SO      | OUTHWEST FLORIDA, INC. |
| Principal Place of Business | Mailing Address        |



\_GARY A. WEISBERG \_ 276 N. WASHINGTON DRIVE SARASOTA, FL 34236 GARY A. WEISBERG 276 N. WASHINGTON DRIVE SARASOTA, FL. 34236



## DO NOT WRITE IN THIS SPACE

04092008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0925002

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WEISBERG, GARY A 276 N. WASHINGTON DRIVE SARASOTA, FL 34236 DO NOT WRITE

|  |   | ı  |  |  |
|--|---|--|--|--|
| 8. The above the obligat               | named entity submits this statement for the priors of registered agent. | urpose of changing its registere                     | ed office or registered agent, or b          | oth, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE.                             |   |  | *  |  |
|  | Signature, typed or printed name of registered agent and title it       | applicable (NOTE: Registeres                         | d Agent signatura required when reinstating) | DATE   |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00             | Election Campaign Finan     Trust Fund Contribution. | \$5.00 May Bo<br>Added to Fees               |  |
| 10.                                    | OFFICERS AND DIREC  | TORS   | A A A A A A A A A A A A A A A A A A A        | Brightonia colores say to the second as the second as an   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>WEISBERG, GARY A<br>276 N. WASHINGTON DRIVE<br>SARASOTA, FL 34236  |  |  | 1000000091378<br>04/23/08-80022-021 150.00   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | <del></del>   |  | DØ   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | IN.  | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP. |   |  |  |  |
| TITLE A MANUEL NAME STREET ADDRESS     | aira.   |  |  | The state of the s |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

G 4/9/05 385-3/0/