


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90012 006 \*\*\*150.00

<b>DOCUMENT # P99000080957</b>	
1. Entity Name <b>TRAIL BOSS CAMPGROUND, INC.</b>	

Principal Place of Business <b>1007 FRONT ST WELAKA FL 32193</b>	Mailing Address <b>P O BOX 1140 WELAKA FL 32193</b>
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2. Principal Place of Business - No P.O. Box # <b>1007 Ft St</b>	3. Mailing Address <b>P O Box 1140</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Welaka, Fl.</b>	City & State <b>Welaka, Fl.</b>
Zip <b>32193</b>	Zip <b>32193</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-3598953</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MELCHER, WILLIAM O 1007 FRONT ST WELAKA FL 32193</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 <b>William Melcher Pres.</b>	DATE <b>3-10-08</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MELCHER, WILLIAM O</b> <b>P O BOX 1140</b> <b>WELAKA FL 32193</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MELCHER, PATRICIA L</b> <b>P O BOX 1140</b> <b>WELAKA FL 32193</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <b>William O Melcher William O Melcher</b>	Date <b>Mar 10, 2008</b>	Daytime Phone <b>386-467-2319</b>
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