


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90013 033 ***150.00

DOCUMENT # S60022
 1. Entity Name
TRAWLER PRIVATEER INCORPORATED




Principal Place of Business Mailing Address
2851 MAYPORT ROAD **2851 MAYPORT ROAD**
ATLANTIC BEACH FL 32233 **ATLANTIC BEACH FL 32233**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
59-3106898 Not Applicable

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

6. Name and Address of Current Registered Agent
HECK, MARK A
2857 MAYPORT RD
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent
 Name **M. ELDOISE LEEK**
 Street Address (P.O. Box Number is Not Acceptable)
2851 MAYPORT ROAD
 City **ATLANTIC BEACH FL** Zip Code **32233**

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 *M. Eloise Leek* DATE 2-8-06
Signature: Type or print the name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEEK, MARK A	
STREET ADDRESS	2851 MAYPORT RD	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	MARK A LEEK	<input type="checkbox"/> Delete
NAME	MARK A LEEK	
STREET ADDRESS	115 MAYPORT AVE SO	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	M. ELDOISE LEEK	<input type="checkbox"/> Delete
NAME	M. ELDOISE LEEK	
STREET ADDRESS	2851 MAYPORT RD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MARK A LEEK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK A LEEK	
STREET ADDRESS	115 MAYPORT AVE SO	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNIE S. MILLINGTON	
STREET ADDRESS	115 MAYPORT AVE SO	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	S-T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. ELDOISE LEEK	
STREET ADDRESS	2851 MAYPORT RD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Mark A Leek* DATE: 2-8-06 DAYTIME PHONE #: 904-246-2413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #