

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State



DOCUMENT # S60022
1. Entity Name
TRAWLER PRIVATEER INCORPORATED

Principal Place of Business 2851 MAYPORT ROAD ATLANTIC BEACH FL 32233	Mailing Address 2851 MAYPORT ROAD ATLANTIC BEACH FL 32233
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3106898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEEK, ELOISE M 2851 MAYPORT RD ATLANTIC BEACH FL 32233	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEK, MARK A <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	2851 MAYPORT RD	STREET ADDRESS	
CITY-STATE-ZIP	ATLANTIC BCH FL 32233	CITY-STATE-ZIP	U00000598484 01/24/07-80077-024 158.75
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLINGTON, DONNIE S	NAME	
STREET ADDRESS	115 MARKA AVE S	STREET ADDRESS	
CITY-STATE-ZIP	ATLANTIC BEACH FL 32233	CITY-STATE-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEK, ELOISE M	NAME	
STREET ADDRESS	2851 MAYPORT RD	STREET ADDRESS	
CITY-STATE-ZIP	ATLANTIC BEACH FL 32233	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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: Eloise M. Leek Eloise M Leek 1-18-07 904 246 2413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #