

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V24893**

1. Entity Name  
**S & S TROPHY MANUFACTURING, INC.**



Principal Place of Business  
**4350 N.W. 43RD ST  
STE 4  
COCONUT CREEK, FL 33073 US**

Mailing Address  
**P.O. BOX 466  
STE 4  
BILOXI, MS 39533 US**



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0325819**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FOSTER, HOWARD F.  
4350 N.W. 43RD ST  
STE 4  
COCONUT CREEK, FL 33073**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

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**

TITLE	DPS
NAME	FOSTER, HOWARD F.
STREET ADDRESS	4350 NW 43RD ST
CITY - ST - ZIP	COCONUT CREEK, FL 33073
TITLE	T
NAME	FOSTER, HOWARD F.
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TITLE	
NAME	
STREET ADDRESS	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/14/05-80012-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

*Howard F. Foster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

Date

(228) 374-4030

Daytime Phone