

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000068959

Entity Name: TRAP RELIGION, INC.**Current Principal Place of Business:**2618 DIANJO DR.
ORLANDO, FL 32810**Current Mailing Address:**PO BOX 25759
RICHMOND, VA 23260**FEI Number: 82-2602143****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES
Name MCALLISTER, DARRELL
Address 2618 DIANJO DR.
City-State-Zip: ORLANDO FL 32810

Title TREA
Name BASKERVILLE, EDWARD
Address PO BOX 25759
City-State-Zip: RICHMOND VA 23260

Title CFO
Name BASKERVILLE, EDWARD
Address PO BOX 25759
City-State-Zip: RICHMOND VA 23260

Title SEC
Name WALTON, ERIC
Address PO BOX 25759
City-State-Zip: RICHMOND VA 23260

Title DIR
Name MCALLISTER, DARRELL
Address 2618 DIANJO DR.
City-State-Zip: ORLANDO FL 32810

Title DIR
Name BASKERVILLE, EDWARD
Address PO BOX 25759
City-State-Zip: RICHMOND VA 23260

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DARRELL MCALLISTER**PRESIDENT****05/01/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date