

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059119

Entity Name: TREW CORPORATION

FILED  
Apr 27, 2004  
Secretary of State

**Current Principal Place of Business:**

12350 MITCHELL TERRACE  
PORT CHARLOTTE, FL 33981 US

**New Principal Place of Business:**

**Current Mailing Address:**

806 GREEN BAY TRAIL  
MYRTLE BEACH, SC 29577 US

**New Mailing Address:**

FEI Number: 65-0688289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TREW, ROWLAND  
12350 MITCHELL TERRACE  
PORT CHARLOTTE, FL 33981

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TREW, ROWLAND  
Address: 12350 MITCHELL TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: STD ( ) Delete  
Name: TREW, SUSAN  
Address: 806 GREEN BAY TRAIL  
City-St-Zip: MYRTLE BEACH, SC 29577

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN TREW

STD

04/27/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date