

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 552283

FILED
Mar 31, 2004
Secretary of State

Entity Name: DUSTY TROYER & ASSOCIATES, INC.

Current Principal Place of Business:

1211 SEMORAN BLVD
SUITE 101
CASSELBERRY, FL 32707

New Principal Place of Business:

15502 THORNHURST COURT
TAMPA, FL 33647

Current Mailing Address:

1211 SEMORAN BLVD
SUITE 101
CASSELBERRY, FL 32707

New Mailing Address:

15502 THORNHURST COURT
TAMPA, FL 33647

FEI Number: 59-1776591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TROYER, DARVIN W.
1211 SEMORAN BLVD
STE 101
CASSELBERRY, FL 32707

Name and Address of New Registered Agent:

TROYER, DARVIN W.
15502 THORNHURST COURT
TAMPA, FL 33647

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:

03/31/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROYER, D.W.,
Address: 1211 SEMORAN BLVD STE 101
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: TROYER, RUTH ANN,
Address: 1211 SEMORAN BLVD STE 101
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TROYER, D.W.,
Address: 15502 THORNHURST COURT
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change () Addition
Name: TROYER, RUTH ANN,
Address: 15502 THORNHURST COURT
City-St-Zip: TAMPA, FL 33647

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: D.W. TROYER

PD

03/31/2004

Electronic Signature of Signing Officer or Director

Date