


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90046 041 ***150.00

DOCUMENT # P05000130299							
1. Entity Name TROY ROADRUCK, INC.							
Principal Place of Business 1255 MASON AVENUE DAYTONA BEACH, FL 32117			Mailing Address 1255 MASON AVENUE DAYTONA BEACH, FL 32117				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 20-3578092			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHURCHMANN, RICHARD K P.A. 1255 MASON AVE DAYTONA BEACH, FL 32117			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROADRUCK, TROY D		NAME				
STREET ADDRESS	1255 MASON AVENUE		STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROADRUCK, BONNIE L		NAME				
STREET ADDRESS	1255 MASON AVENUE		STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS			STREET ADDRESS				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Troy Roadruck</i> <i>Bonnie L. Roadruck</i> <i>2/15/07</i> <i>386-622-4249</i>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone		

40019760



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