2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF

## Jul 14, 2004 8:00 am **Secretary of State DOCUMENT # 660885** 1. Entity Name 07-14-2004 90006 030 \*\*\*550.00 TROYER'S UNLIMITED INC. Mailing Address Principal Place of Business SUGARCIERY OHIO 44681 Troyer's Country Inn Sandra K. Troyer 3449 T.R. 157 Sugarcreek, OH 44681 Sandra K. Troyer CR2E034 (11/03) 3449 T.R. 157 Sandra K. Troyer Sugarcreek, OH 44681 Applied For 59-1985417 3449 T.R. 157 Not Applicable Sugarcreek, OH 44681 \$8.75 Additional Certificate of Status Desired Fee Required 1160, gistered Agent Name and Address of New Registered Agent Name CHRISTIANSEN & DEHNER, P.A. Street Address (P.O. Box Number is Not Acceptable) 63 SARASOTA CENTER BLVD SARASOTA FL 34240 941- 371-2200 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SANDRA K. TROYER Delete Change ☐ Addition TITLE TITLE TROYER, SANDRA NAME NAME STREET ADDRESS STREET ADDRES Sandra K. Troyer CITY-ST-ZIP CITY-ST-ZIP 3449 T.R. 157 CHE E ☐ Change ☐ Addition TITLE Sugarcreek, OH 44681 NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition 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 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 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.

FILED