

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004796

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: TROYER CORP.

## Current Principal Place of Business:

2685 WALNUT VIEW DRIVE  
WALNUT CREEK, OH 44687

## New Principal Place of Business:

4753 OLDE PUMP STREET  
WALNUT CREEK, OH 44687

## Current Mailing Address:

PO BOX 8  
WALNUT CREEK, OH 44687

## New Mailing Address:

PO BOX 68  
WALNUT CREEK, OH 44687

FEI Number: 34-1954431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHLABACH, WILLARD  
3713 BAHIA VISTA  
SARASOTA, FL 34232 US

## 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: PCD ( ) Delete  
Name: TROYER, LEVI M  
Address: 2685 WALNUT VIEW DR.  
City-St-Zip: WALNUT CREEK, OH

Title: VD ( ) Delete  
Name: TROYER, LILLIS L  
Address: 2685 WALNUT VIEW DR.  
City-St-Zip: WALNUT CREEK, OH

Title: SD ( ) Delete  
Name: TROYER, DAVID D  
Address: 4752 OLDE PUMP STREET  
City-St-Zip: WALNUT CREEK, OH

Title: TD ( ) Delete  
Name: TROYER, CRAIG S  
Address: PO BOX 22  
City-St-Zip: WALNUT CREEK, OH

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID TROYER

SD

01/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date