2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED May 04, 2006 08:00 AN Secretary of State DOCUMENT # H12545 1. Entity Name TROY CORPORATION Principal Place of Business Mailing Address 253 ROBIN CT. P.O. BOX 150877 253 ROBIN CT. P.O. BOX 150877 ALTAMONTE SPRINGS FL 32715-5021 ALTAMONTE SPRINGS FL 32715-5021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2449414 Not Applicab $Z_{ip}$ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAPER, CHRIS A ESQ Street Address (P.O. Box Number is Not Acceptable) 2500 MAITLAND ENTER PKY., #209 MAITLAND FL 32751 City 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 Count Signature, typen or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Thelele Change Addition NAME EDWARDS, TROY M NAME U00000565528 STREET ADDRESS 253 ROBIN CT. STREET ADDRESS 05/20/06-80139-019 150.00 CITY-ST-ZIP ALTAMONTE SPRINGS FL CITY-ST-ZIP TITLE S Delete TITLE ☐ Change Addition NAME EDWARDS, CAROL G. HAME STREET ADDRESS 253 ROBIN CT. STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL CITY-ST-ZIP THLE ☐ Delete HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete MILE Change Addisc: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete HILE ☐ Change Addition 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 Section 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 curporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 407-33