2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# H12545

Entity Name: TROY CORPORATION

Current Principal Place of Business:

253 ROBIN CT.
P.O. BOX 150877
ALTAMONTE SPRINGS, FL 327155021

New Principal Place of Business:

253 ROBIN CT.
ALTAMONTE SPRINGS, FL 327155021

Current Mailing Address:

253 ROBIN CT.
P.O. BOX 150877
ALTAMONTE SPRINGS, FL 327155021

New Mailing Address:

253 ROBIN CT.
ALTAMONTE SPRINGS, FL 327155021

FEI Number: 59-2449414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRAPER, CHRIS A ESQ
2500 MAITLAND ENTER PKY., #209
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

CROWDER, DAVID C
820 LAKE KATHRYN CR
CASSELBERRY, FL 32707 US

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: DAVID CROWDER 10/08/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: EDWARDS, TROY M
Address: 253 ROBIN CT.
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: S ( ) Delete
Name: EDWARDS, CAROL G.,
Address: 253 ROBIN CT.
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: TROY EDWARDS R 10/08/2007
Electronic Signature of Signing Officer or Director Date