2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # J19444

1. Entity Name
TROYER BROTHERS FLORIDA, INC.

Principal Place of Business	Mailing Address
14700 TROYER BROTHERS ROAD FORT MYERS, FL 33913	14700 TROYER BROTHERS ROAD FORT MYERS, FL 33913

DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2682036

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TROYER, DONALD
14700 TROYER BROS RD
FT MYERS, FL 33913

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DTP
NAME	TROYER, DONALD
STREET ADDRESS	14700 TROYER BROS RD
CITY-ST-ZIP	FT MYERS, FL 33913
TITLE	VASD
NAME	TROYER, DAVID D
STREET ADDRESS	14700 TROYER BROS ROAD
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	VDS
NAME	TROYER, VERNON J
STREET ADDRESS	14700 TROYER BROTHERS ROAD
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	AS
NAME	BUDD, DAVID G
STREET ADDRESS	3033 RIVIERA DR STE 201
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: David G Budd 4/10/06 (239) 263-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID G. BUDD, ASSISTANT SECRETARY