

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000045912

1. Entity Name
ANTON TROJAK, LLC.



Principal Place of Business
**9821 PATRICIAN DRIVE
NEW PORT RICHEY, FL 34655**

Mailing Address
**9821 PATRICIAN DRIVE
NEW PORT RICHEY, FL 34655**



04262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, JOY M
10942 STATE ROAD 52
HUDSON, FL 34669**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/25/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TROJAK, ANTON
10934 INGLEWOOD AVE.
PORT RICHEY, FL 34668**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000358691
05/04/05-80125-008 50.00

**DO NOT WRITE
IN THIS SPACE**

U00000358691
05/04/05-80125-008 5.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/25/05 (727) 207-0676

Date

Daytime Phone #