

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000007060

1. Entity Name  
TROJAN HOUSE, INC.



Principal Place of Business  
101 N "J" STREET  
#2  
LAKE WORTH, FL 33460 US

Mailing Address  
101 N "J" STREET  
#2  
LAKE WORTH, FL 33460 US



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0421298  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOE, RODERICK C CPA  
101 NORTH "J" STREET  
LAKE WORTH, FL 33460

**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)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME EGLY, JOSEPH  
STREET ADDRESS 814 WEST LANTANMA RD., SUITE 1  
CITY-ST-ZIP LANTANA, FL 33462

TITLE PD  
NAME FOSTER, DWIGHT L  
STREET ADDRESS 4700 2ND AVE., SUITE 200  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VD  
NAME GAITAN, MARIA  
STREET ADDRESS 303 BANYAN BLVD.  
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE PD  
NAME STRATTON, JIM  
STREET ADDRESS 7546 ENTERPRISE DR.  
CITY-ST-ZIP WEST PALM BEACH, FL 33404

TITLE DT  
NAME MOE, RODERICK C  
STREET ADDRESS 101 NORTH J STREET #2  
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

01102005 01/12/05-80008-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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

Date

Daytime Phone #

*Roderick C Moe* Roderick C Moe 1/5/05 561-586-3413