

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90003 026 ***150.00

DOCUMENT # P00000073294



1. Entity Name

TROY GROUP, INC.

Principal Place of Business

14180 BEACH BLVD
11-12
JACKSONVILLE FL 32250

Mailing Address

14180 BEACH BLVD
11-12
JACKSONVILLE FL 32250

2. Principal Place of Business

14180 BEACH BLVD
Suite, Apt. #, etc.
11-12

3. Mailing Address

14180 BEACH BLVD
Suite, Apt. #, etc.
11-12

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32250

Country

USA

Zip

32250

Country

USA



MOORE

CR2E034 (4/04)

4. FEI Number

59-3662315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCREYNOLDS, STEPHEN A
14180 BEACH BLVD
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

STEPHEN A MCREYNOLDS

Street Address (P.O. Box Number is Not Acceptable)

4540 ANTWERP AVE NW

City

JACKSONVILLE

FL

Zip Code

32229

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

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JIMENEZ, FELIX M ☒ Delete
STREET ADDRESS 1531 FRUIT COVE FORREST ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE S
NAME JIMENEZ, BOBBIE P ☒ Delete
STREET ADDRESS 1531 FRUIT COVE FORREST ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE T
NAME JIMENEZ, MICHAEL T ☒ Delete
STREET ADDRESS 1531 FRUIT COVE FORREST ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE PD
NAME MCREYNOLDS, STEPHEN ☐ Delete
STREET ADDRESS 14180 BEACH BLVD 11-12
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE S
NAME MCREYNOLDS, WANDA T ☐ Delete
STREET ADDRESS 14180 BEACH BLVD 11-12
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-04

Date

Daytime Phone #