

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000073294	
1. Entity Name TROY GROUP, INC.	



FILED
05 NOV -1 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14180 BEACH BLVD 11-12 JACKSONVILLE, FL 32250	Mailing Address 14180 BEACH BLVD 11-12 JACKSONVILLE, FL 32250
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2. Principal Place of Business 14180 BEACH BLVD Suite, Apt. #, etc. 11-12 City & State JACKSONVILLE FL Zip 32250 Country USA		3. Mailing Address 14180 BEACH BLVD Suite, Apt. #, etc. 11-12 City & State JACKSONVILLE FL Zip 32250 Country USA	
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10182005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3662315		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 ANTLER HILL DR. W. City JACKSONVILLE FL Zip Code 32224	

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 \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCREYNOLDS, STEPHEN 14180 BEACH BLVD 11-12 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061079258 11/01/05--01061--001 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCREYNOLDS, WANDA T 14180 BEACH BLVD 11-12 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 10-27-05 904-992-0097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P00000073294 R
TROY GROUP, INC.
MAC
4540 ANTLER HILL DRIVE WEST
JACKSONVILLE FL 32224

I DID NOT RECEIVE THE WORK
ON THIS. THE PERSON I BOUGHT THE CLEAR FROM
DIED AND HE WAS NOT THE WORK

I CALLED AND TALKED TO A PERSON AND EXPLAINED
THIS TO HIM AND HE SAID TO VISIT HIM
I KNOW WHAT. HAD A LOT AND SEND IN \$150.00