

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00636

1. Entity Name
TROYER BROTHERS, INC.



Principal Place of Business

**10200 RT 6
UNION CITY, PA 16438**

Mailing Address

**10200 RT 6
UNION CITY, PA 16438**

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
25-1106193

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TROYER, DAVID D.
14700 TROYER BROTHERS RD.
FORT MYERS, FL 33913**

**DO NOT WRITE
IN THIS SPACE**

B. 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 \$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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PTD
TROYER, DONALD A.
10200 RT 6
UNION CITY, PA 16438**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VASD
TROYER, DAVID D.
10200 RT 6
UNION CITY, PA 16438**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VSD
TROYER, VERNON J.
10200 RT 6
UNION CITY, PA 16438**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AS
BUDD, DAVID G
3033 RIVIERA DR STE 201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000507859
04/27/06-80080-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

(239) 263-7700

Daytime Phone

DAVID G. BUDD, ASSISTANT SECRETARY