

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90037 024 \*\*\*150.00

**DOCUMENT # P01000097868**

1. Entity Name

TROIKA ENTERPRISES, INC.



Principal Place of Business

1475 HWY 17 SOUTH  
BARTOW FL 33830

Mailing Address

P.O. BOX 20305  
SARASOTA FL 34276

2. Principal Place of Business

3. Mailing Address

210 WILLOW BEND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OSPREY FL

Zip

Country

Zip

Country

34229 USA

4. FEI Number

59-3748428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMOLKER, STEVEN  
6557 GULF GATE PL  
# 171  
SARASOTA FL 34231

Name

SMOLKER, STEVEN

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

210 WILLOW BEND WAY

City

OSPREY

FL

Zip Code

34229

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

Steven Smolker PRES.

3/21/04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SMOLKER, STEVEN  
STREET ADDRESS 6557 GULF GATE PL # 171  
CITY-ST-ZIP SARASOTA FL 34231

TITLE P ☒ Change ☐ Addition  
NAME Steven SMOLKER  
STREET ADDRESS 210 WILLOW BEND WAY  
CITY-ST-ZIP OSPREY FL 34229

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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:

Steven Smolker

3/21/04

941-914-5450

Date

Daytime Phone #