2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2004 08:00 AM Secretary of State

| " ANNUAL REPORT | | | Secretary of State | | | |
|--|---|-------------------------------|--|--------------------|---------|-----------|
| DOCUMENT # P020000838- 1. Entity Name TROY MOORE ENTERPRISES, INC. | 45 | | | Se | ecretai | y of Stat |
| Principal Place of Business 5442 HOLLOW OAK LN MILTON, FL 32571 | Mailing Address 5442 HOLLOW OAK LN MILTON, FL 32571 | | | | | |
| DO NOT WRITE IN THIS SPA | | CE | 01132004 No Chg-P CR2E034 (10/03) 4. FEI Number | | | |
| 6. Name and Address of Current Registered Agent MOORE, TROY 5442 HOLLOW OAK LN MILTON, FL 32571 | | | | NOT W | | |
| 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 rematating) OATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution. | | | .00 May Be ed to Fees | | | |
| 10. OFFICERS AND DIR | ECTORS | | · · · · | | | |
| NAME MOORE, TROY STREET ADDRESS 5442 HOLLOW OAK LN CHY-ST-ZIP MILTON, FL 32571 | | - | | 000000 -4U/29/U | | 0 150.00 |
| DILE NAME STRLET ADDRESS CHY-ST-ZIP BILE NAME | | | | | | |
| STHEET ADDRESS CITY-ST-ZIP TIFLE | | DO NOT WRITE IN THIS SPACE | | | | |
| NAME SIRLLI ADDRESS CHY-SI-ZIP | | . | ··· | · | | |
| THEE MAME STHELT ADDRESS GITY-ST-ZIP DILE | | | | | | |
| NAME. | | I | | | | |

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:

STREET ADDRESS ICHY+ST+ZP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04 760-994-205 Date Daylore Prone # 2 92-08