

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093179

FILED
Jan 07, 2004
Secretary of State

Entity Name: C. DAN TROY, P.A.

Current Principal Place of Business:

6226 WILDS DR
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6226 WILDS DR
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 56-2387260 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TROY, CHARLES D
6226 WILDS DRIVE
NEW PORT RICHEY, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TROY, CHARLES D
Address: 6226 WILDS DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S () Delete
Name: BONACCOLTA, KATHLEEN
Address: 6226 WILDS DRIVE
City-St-Zip: NEW PORT RICHRY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. DAN TROY

PRES

01/07/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date