

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000130529

1. Entity Name
TROYER ENTERPRISE, INC.



Principal Place of Business
7617 COCONUT CREEK CT
ORLANDO, FL 32822

Mailing Address
7617 COCONUT CREEK CT
ORLANDO, FL 32822



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0395093
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROYER, DEBBIE
7617 COCONUT CREEK CT
ORLANDO, FL 32822

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000902205
04/29/08-80096-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROYER, FLOYD 7617 COCONUT CREEK CT ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TROYER, DEBBIE 7617 COCONUT CREEK CT ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROYER, STEVEN 7617 COCONUT CREEK CT ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Floyd Troyer 4/13/08 407 823 9982
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #