A.ALLUS ACCOUNTING & TAX

FILED
Jul 13, 2005 8:00 am
Secretary of State
07-13-2005 90012 046 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000046032

1. Entity Name
ROBERT L. TROIKE, P.A.

Principal Place of Business
~~13710~~ 13625 90 SE ~~87~~TH AVENUE Terrace
SUMMERFIELD, FL 34491

Mailing Address
13~~710 SE 87TH AVENUE~~ 625 90th Terrace
SUMMERFIELD, FL 34491

20065100

07112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 13625 SE 90th Terrace	3. Mailing Address: 13625 SE 90th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Summerfield, FL	City & State: Summerfield, FL
Zip: 34491 Country: USA	Zip: 34491 Country: USA

4. FEI Number: 84-1641373 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

TROIKE, ROBERT L
~~13710 SE 87TH AVENUE~~ 13625 SE 90th Terrace
SUMMERFIELD, FL 34491

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TROIKE, ROBERT L	NAME	
STREET ADDRESS	~~13710 SE 87TH AVENUE~~ 13625 SE 90th Terr.	STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TROIKE, BETTE C	NAME	
STREET ADDRESS	~~13710 SE 87TH AVENUE~~ 13625 SE 90th Terr.	STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Robert L. Troike — 7/11/2005 — 301 751-0825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #