## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000115276

Entity Name: TROY FARIS INC.

City-St-Zip:

FILED Apr 08, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1601 SW BUFFUM LANE PORT ST LUCIE, FL 34984 **Current Mailing Address: New Mailing Address:** 1601 SW BUFFUM LANE PORT ST LUCIE, FL 34984 FEI Number: 41-2146810 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FARIS, TROY D SR. 1601 ŚW BUFFUM LANE PORT ST LUCIE, FL 34984 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPVS ( ) Delete Title: () Change () Addition FARIS, TROY D SR. Name: Name: 1601 SW BUFFUM LANE Address: Address: City-St-Zip: PORT ST LUCIE, FL 34984 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete FARIS, TROY D SR. Name: Name: FARIS, TROY D OFFICER 1601 SW BUFFUM LANE Address: 1601 SW BUFFUM LANE Address: PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34984

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TROY D. FARIS, SR. **PRES** 04/08/2006