


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90002 001 \*\*\*150.00

<b>DOCUMENT # P05000087997</b> 1. Entity Name HORACE W. TROOP, PA.					
Principal Place of Business 22909 SHADY KNOLL DR BONITA SPRINGS, FL 34135			Mailing Address 22909 SHADY KNOLL DR BONITA SPRINGS, FL 34135		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 06 175 4809	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  TROOP, HORACE W 22909 SHADY KNOLL DR BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROOP, HORACE W 22909 SHADY KNOLL DR BONITA SPRINGS, FL 34135		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>Horace W Troop</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

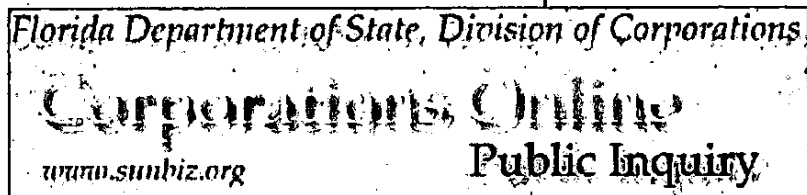
40101550



08012006 Chg-P CR2E034 (11/05)

*Aug 2nd* *cell 739-477-0725*  
Date Daytime Phone #

ATTACHMENT 40101550



## Florida Profit

HORACE W. TROOP, PA.

PRINCIPAL ADDRESS  
22909 SHADY KNOLL DR  
BONITA SPRINGS FL 34135

MAILING ADDRESS  
22909 SHADY KNOLL DR  
BONITA SPRINGS FL 34135

Document Number  
P05000087997

State  
FL

FEI Number  
NONE

Status  
ACTIVE

Date Filed  
06/20/2005

Effective Date  
NONE

## Registered Agent

Name & Address
TROOP, HORACE W 22909 SHADY KNOLL DR BONITA SPRINGS FL 34135

## Officer/Director Detail

Name & Address	Title
TROOP, HORACE W 22909 SHADY KNOLL DR BONITA SPRINGS FL 34135	D

## Annual Reports

Report Year	Filed Date
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