


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED P05000166868
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 12 PM 2:47

DOCUMENT # P05000166868 1. Entity Name TROYER BROTHERS AGRI, INC.	
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Principal Place of Business 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108	Mailing Address C/O DAVID G. BUDD 5551 RIDGEWOOD DR., #501 NAPLES, FL 34108
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05/16/08 90176 002 158.25

DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3999957	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUDD, DAVID G
5551 RIDGEWOOD DRIVE
SUITE 501
NAPLES, FL 34108

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	05/22/08 158.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDD, DAVID G 5551 RIDGEWOOD DRIVE STE 501 NAPLES, FL 34108
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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: David G. Budd 4-25-08 2395141000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Per conversation with Ms. Christine Floss with Attorney David G. Budd please