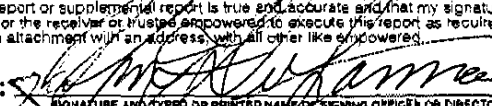


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000034865					
1. Entry Name TROYLONN, INC.					
Principal Place of Business 901 EAST SAMPLE ROAD POMPANO BEACH, FL 33064			Mailing Address 901 EAST SAMPLE ROAD POMPANO BEACH, FL 33064		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DILANNA, JOHN P 901 EAST SAMPLE ROAD CORAL SPRINGS, FL 33064				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, word or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DILANNA, JOHN F		NAME		
STREET ADDRESS	901 E. SAMPLE RD.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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)(f), 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 807, 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: 			Date: 6/17/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 6/17/04		

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 JUN 21 AM 9:10

5/4/04 90171 038 \$150.00



05/20/04 C-15-P OF25034 (10/03)

4. FEI Number
65-0488905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILANNA, JOHN P
901 EAST SAMPLE ROAD
CORAL SPRINGS, FL 33064

Name

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

City

FL

Zip Code

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TITLE P
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STREET ADDRESS 901 E. SAMPLE RD.
CITY-ST-ZIP POMPANO BEACH, FL 33064

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phrase 2