

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90171 027 ***150.00

DOCUMENT # P94000034865 1. Entity Name TROYLONN, INC.					
Principal Place of Business 3773 FEDERAL HWY #205 POMPANO BEACH, FL 33064			Mailing Address 3773 FEDERAL HWY #205 POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box # 152 SOUTH COMMERCE AVE Suite, Apt. #, etc.		3. Mailing Address 152 SOUTH COMMERCE AVE. Suite, Apt. #, etc.			
City & State SEBRING FL.		City & State SEBRING FL.		4. FEI Number 65-0488905	
Zip 33870		Country HIGHLANDS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DILANNA, JOHN P 901 EAST SAMPLE ROAD CORAL SPRINGS, FL 33064			7. Name and Address of New Registered Agent Name DILANNA JOHN P Street Address (P.O. Box Number is Not Acceptable) 152 SOUTH COMMERCE AVE City SEBRING FL. FL Zip Code 33870		
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 JOHN P DILANNA 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILANNA, JOHN F 901 E. SAMPLE RD. POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILANNA, JOHN F. 152 SOUTH COMMERCE AVE SEBRING FL. 33870 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			4/28/08 754 708 6677 <small>Date Daytime Phone #</small>		