2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003863

1. Entity Name
T-28 TROJAN, INC.

Principal Place of Business	Mailing Address
6600 TICO ROAD TITUSVILLE, FL 32780	6600 TICO ROAD TITUSVILLE, FL 32780

01162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3593930
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, R. PATRICK ESQ.
200 NORTH THORNTON AVENUE
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000E150
03/12/04-80012-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRAZIER, ROBERT
STREET ADDRESS	625 FLOTILLA LANE
CITY-ST-ZIP	N PALM BEACH, FL 35608
TITLE	VD
NAME	LLOYD, J. MORRIS
STREET ADDRESS	1711 JUNIPER DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	TD
NAME	MCCANN, MICHAEL P
STREET ADDRESS	3208 CALGARY ST
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____ MICHAEL P. McCANN 2/14/04 (321)268-1941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #