

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102671

FILED
Apr 27, 2009
Secretary of State

Entity Name: TRUEBLOOD LAW GROUP, P.A.

Current Principal Place of Business:

6099 STIRLING ROAD
SUITE 218
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6099 STIRLING ROAD
SUITE 218
DAVIE, FL 33314

New Mailing Address:

FEI Number: 20-1411845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUEBLOOD, TRAVIS W
6099 STIRLING ROAD
SUITE 218
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

TRUEBLOOD, TRAVIS W
1212 U.S. HIGHWAY 27
MOORE HAVEN, FL 33471 US

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.

SIGNATURE:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRUEBLOOD, TRAVIS W
Address: 4508 SW 160TH AVE., STE. 727
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: TRUEBLOOD, BLAKE M
Address: 5870 SW 37TH AVE
City-St-Zip: DANIA BEACH, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLAKE M. TRUEBLOOD

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date