

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088529

FILED
Jan 06, 2009
Secretary of State

Entity Name: TRU AUTO INSURANCE, INC.

Current Principal Place of Business:

349 N.W. 16TH STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

349 N.W. 16TH STREET
BELLE GLADE, FL 33430

New Mailing Address:

PO BOX 384
BELLE GLADE, FL 33430

FEI Number: 80-0289070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRYANT, SABRINA
349 N.W. 16TH STREET
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRYANT, SABRINA
Address: 349 N.W. 16TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: BRYANT, BOBBY SR.
Address: 349 N.W. 16TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: BRYANT, SHAYLA
Address: 349 NW 16TH ST., STE 108
City-St-Zip: BELLE GLADE, FL 33430

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: SABRINA BRYANT

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date