

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000088529

FILED
Jan 12, 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:**PO BOX 384
BELLE GLADE, FL 33430**New Mailing Address:****FEI Number:** 80-0289070**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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**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: D (X) Delete
Name: BRYANT, SHAYLA
Address: 349 NW 16TH ST., STE 108
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SABRINA BRYANT

D

01/12/2009

Electronic Signature of Signing Officer or Director_____
Date