2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 267936

1. Entity Name
TRUE FRESH EGGS, INC.

Principal Place of Business	Mailing Address
4622 GALL BLVD P. O. BOX 9005 ZEPHYRHILLS, FL 33539-6005	4622 GALL BLVD P. O. BOX 9005 ZEPHYRHILLS, FL 33539-6005

DO NOT WRITE IN THIS SPACE

02022006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1039202

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LINVILLE, DANNY
4622 GALL BLVD
ZEPHYRHILLS, FL 33541

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINVILLE, TONY
STREET ADDRESS	18415 TIMBERLAN DR
CITY-ST-ZIP	LUTZ, FL
TITLE	D
NAME	LINVILLE, TIMOTHY
STREET ADDRESS	37136 LEMON DR
CITY-ST-ZIP	ZEPHYRHILLS, FL
TITLE	DS
NAME	LINVILLE, TERRY
STREET ADDRESS	5215 BERNADETTE DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL
TITLE	PD
NAME	LINVILLE, DANNY
STREET ADDRESS	30226 LAURELWOOD LANE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543
TITLE	D
NAME	LINVILLE, JAY
STREET ADDRESS	4622 GALL BLVD
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/06-80006-004 150.00

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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: _____ 3/22/06 (813)782-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DANNY LINVILLE