

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 267936

1. Entity Name
TRUE FRESH EGGS, INC.



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

Mailing Address
**4622 GALL BLVD
P. O. BOX 9005
ZEPHYRHILLS, FL 33539-6005**



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000677606
03/30/07-80111-014.150.00

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	37138 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	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07 **(813) 782-1521**

Date

Daytime Phone #