

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90075 005 \*\*\*150.00

<b>DOCUMENT # 267936</b> 1. Entity Name <b>TRUE FRESH EGGS, INC.</b>					
Principal Place of Business <b>4622 GALL BLVD</b> <b>P. O. BOX 9005</b> <b>ZEPHYRHILLS, FL 33539-6005</b>			Mailing Address <b>4622 GALL BLVD</b> <b>P. O. BOX 9005</b> <b>ZEPHYRHILLS, FL 33539-6005</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		<div style="font-size: 24px; font-weight: bold;">50001446</div> 	
4. FEI Number <b>59-1039202</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LINVILLE, DANNY</b> <b>4622 GALL BLVD</b> <b>ZEPHYRHILLS, FL 33541</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINVILLE, TONY</b> <b>18415 TIMBERLAN DR</b> <b>LUTZ, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINVILLE, TONY</b> <b>4622 GALL BLVD.</b> <b>ZEPHYRHILLS, FL 33542</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINVILLE, TIMOTHY</b> <b>37136 LEMON DR</b> <b>ZEPHYRHILLS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINVILLE, TIM</b> <b>4622 GALL BLVD.</b> <b>ZEPHYRHILLS, FL 33542</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LINVILLE, TERRY</b> <b>5215 BERNADETTE DRIVE</b> <b>ZEPHYRHILLS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LINVILLE, DANNY</b> <b>30226 LAURELWOOD LANE</b> <b>ZEPHYRHILLS, FL 33543</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LINVILLE, DANNY</b> <b>4622 GALL BLVD.</b> <b>ZEPHYRHILLS, FL 33542</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINVILLE, JAY</b> <b>4622 GALL BLVD</b> <b>ZEPHYRHILLS, FL 33542</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>TERRY LINVILLE</b> 03/20/08      813-782-1521					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					