

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90036 032 \*\*\*150.00

**DOCUMENT # 281957**

1. Entity Name

TRULAND OF FLORIDA, INC.



Principal Place of Business

3330 WASHINGTON BLVD  
ARLINGTON VA 22201

Mailing Address

3330 WASHINGTON BLVD  
ARLINGTON VA 22201

NEW

NEW

2. Principal Place of Business

1900 ORACLE WAY

3. Mailing Address

1900 ORACLE WAY

(Suite) Apt. #, etc.

700

Suite, Apt. #, etc.

SUITE 700

City & State

RESTON, VA

City & State

RESTON, VA

Zip

20190-4733

Country

USA

Zip

20190-4733 USA

Country

USA

4. FEI Number

59-1083182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

WALSH, GERALD M.  
402 COURTHOUSE SQUARE BLDG.  
200 S.E. 6TH ST.  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TRULAND, ROBERT W  
STREET ADDRESS 15800 DARNESTWON ROAD  
CITY-ST-ZIP GERMANTOWN MD 20874

TITLE D ☐ Delete  
NAME TRULAND, ROBERT W.  
STREET ADDRESS 15800 DARNESTOWN RD  
CITY-ST-ZIP GERMANTOWN MD

TITLE S ☐ Delete  
NAME MOINI, INGRID A.  
STREET ADDRESS 2679 MARCEY ROAD  
CITY-ST-ZIP ARLINGTON VA

TITLE TD ☒ Delete  
NAME YOUNG, B. CARLYLE JR  
STREET ADDRESS 2818 LAFORA CT  
CITY-ST-ZIP VIENNA VA 22180

TITLE D ☐ Delete  
NAME TRULAND, MARY W  
STREET ADDRESS 15800 DARNESTOWN ROAD  
CITY-ST-ZIP GERMANTOWN MD 20874

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

*Shirley A. Moore*

2/4/04

703-464-2004