# **2005 FOR PROFIT CORPORATION**

# **ANNUAL REPORT** DOCUMENT # F99000006421

**FILED** Jul 18, 2005 8:00 am Secretary of State

OIF 6	500
	07-1
W W	

1. Entity Name TRUE BLUE VENTURES, INC.						0/-18-2003 90031 001 1,100.00					
Principal Place of Business  2455 PACES FERRY ROAD BLDG C, 20TH FLOOR ATLANTA, GA 30339  Mailing Address  2455 PACES FERRY ROAD BLDG C, 20TH FLOOR ATLANTA, GA 30339			ıR		66024711						
Principal Place of Business     3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	pt #, etc.		04252005	Chg-P	CR2E034 (	10/03)			
City & State		City & State			4. FEI Numbi 58-251			<del></del>	plied For t Applicable		
Zip		Country	Zìp	Cour	itry		of Status Desired	Fee Fee	<b>75</b> Add Required		
	6. Name	and Address of Current I	Registered Agent		News	7. Name and	Address of New R	Registered Agen	t		
C T CODD		LOVOTEM			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)							
					C.t.	····	<b>4</b>		7: C > d:		
					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. If am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered layers and little 2 accelerators. (NOTE. Registered Agent agravative required when remaining).  DATE:											
After Ma		FEE IS \$150.00 5 Fee will be \$550.0		ontribution.		\$5.00 May Be Added to Fees					
10.	1 (D	OFFICERS AND I		11.		ADDITIONS,	CHANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZIP	2455 PAC	LL, RICHARD C CES FERRY RD C-20 N, GA 30339	Oelete		- 1			Ц	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				I .	3000		PS	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AROL B CES FERRY RD, BLDG N, GA 30339	☐ Delete		l l			Ø	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2455 PAC	RANCIS S CES FERRY RD BLDG ( L, GA 30339	☐ Delete		j	Please		A	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AROL B CES FERRY RD BLDG ( , GA 30339	☐ Delete			Sel	7		Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			Alti	Ached		Change	Addition	

I nereby 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 cath; 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



(Address listed above is for all officers)

## **OFFICERS AND DIRECTORS**

### **DIRECTORS**

Francis S. Blake Director
Frank L. Fernandez Director
Carol B. Tomé Director

### **OFFICERS**

Francis S. Blake President
Richard C. Marshall Vice President

Frank L. Fernandez Vice President & Secretary
Carol B. Tomé Vice President & Treasurer

Rita L. Fadell Assistant Secretary
L. Briley Brisendine Assistant Secretary
Rebecca I. Flick Assistant Treasurer
Steven Taplits Assistant Treasurer