

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT-# K49823**

1. Entity Name  
**TRU-FAB, INC., FLORIDA**



Principal Place of Business  
**% JOHN S. JONES**  
**3728 FRONTAGE ROAD NORTH**  
**LAKELAND, FL 33809**

Mailing Address  
**% JOHN S. JONES**  
**3728 FRONTAGE ROAD NORTH**  
**LAKELAND, FL 33809**

**DO NOT WRITE IN THIS SPACE**



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2945532**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JONES, JOHN S.**  
**3729 FRONTAGE ROAD NORTH**  
**LAKELAND, FL 33809**

**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 rehashing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 3, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, JOHN S. 141 FERNERY RD F-6 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, JOHN S 212 LAKE GIBSON LANE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/23/04-80003-013 150.00

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IN THIS SPACE**

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 SIGNED OFFICER OR DIRECTOR

7/20/04 863 6838888

Date

Daytime Phone #