

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90016 035 ***158.75

DOCUMENT # K49823

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



Principal Place of Business
% JOHN S. JONES
3729 FRONTAGE ROAD NORTH
LAKELAND, FL 33809

Mailing Address
% JOHN S. JONES
3729 FRONTAGE ROAD NORTH
LAKELAND, FL 33809

50058667

2. Principal Place of Business

3735 N Frontage Rd

3. Mailing Address

3735 N Frontage Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262005

Chg-P

CR2E034 (10/03)

City & State

Lakeland FL

City & State

Lakeland FL

Zip
33810

Country
USA

Zip
33810

Country
USA

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

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 **X**

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

(NOTE: Registered Agent signature required when reinstating)

7/26/05

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, JOHN'S 212 LAKE GIBSON LANE LAKELAND, FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/05

Date

863-683-8888

Daytime Phone #