

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010022

FILED
May 01, 2005
Secretary of State

Entity Name: TRUE BLUE DRIVER, INC.

Current Principal Place of Business:

PO BOX 665
DELON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

PO BOX 665
DELON SPRINGS, FL 32130

New Mailing Address:

PO BOX 796
PORTLAND, TN 37148

FEI Number: 65-1207389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAUSTAD, LINDA L ESQUIRE
815 S VOLUSIA AVE, STE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOWER, JOHN
Address: PO BOX 665
City-St-Zip: DELON SPRINGS, FL 32130

Title: D () Delete
Name: BOWER, LINDA
Address: PO BOX 665
City-St-Zip: DELON SPRINGS, FL 32130

Title: D () Delete
Name: PABST, VICKI
Address: PO BOX 665
City-St-Zip: DELON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOWER, JOHN
Address: PO BOX 796
City-St-Zip: PORTLAND, TN 37148

Title: D (X) Change () Addition
Name: BOWER, LINDA
Address: 512 W MARKET ST
City-St-Zip: PORTLAND, TN 37148

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BOWER

DIR

05/01/2005

Electronic Signature of Signing Officer or Director

Date