2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010022

PO BOX 665

DELON SPRINGS, FL 32130

Address:

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Entity Name: TRUE BLUE DRIVER, INC. **Current Principal Place of Business: New Principal Place of Business:** 220 LAKE MAMIE RD DELAND, FL 32724 **Current Mailing Address: New Mailing Address:** 512 W MARKET ST PORTLAND, TN 37148 FEI Number: 65-1207389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAUSTAD, LINDA L ESQUIRE 815 S VOLÚSIA AVE, STE ORANGE CITY, FL 32763 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BOWER, JOHN Name: Name: Address: PO BOX 892 Address: City-St-Zip: PORTLAND, TN 37148 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BOWER, LINDA Name: Address: 512 W MARKET ST Address: City-St-Zip: PORTLAND, TN 37148 City-St-Zip: () Delete Title: Title: () Change () Addition PABST, VICKI Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: LINDA BOWER D 01/16/2009