## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 02, 2007 8:00 am Secretary of State DOCUMENT # P01000007338 04-02-2007 90096 046 \*\*\*150.00 TRUX SERVICE CENTER, INC. Principal Place of Business Mailing Address 115 WEST GRANT STREET ORLANDO FL 32806 115 WEST GRANT STREET ORLANDO FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, atc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-3691275 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent W. THOMAS DYER, ESQ. Street Address (P.O. Box Number is Not Acceptable) 414 N. FEDERAL AVE. ORLANDO FL 32803 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 Signature, types or printed name of registered agent and title i septicable. (NO!) Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PST** HILE mu ■ Addition Delete MANEY, DAVID A NAME NAM 115 WEST GRANT STREET STREET ADDRESS STREET LADDRESS ORLANDO FL 32806 CITY SI-7IP CITY ST ZIP TITLE Delete THEF Change ☐ Addition MANEY, DON E NAM NAME 115 WEST GRANT STREET STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 CUTY ST ZIP CITY ST ZIP ☐ Delete Change ■ Addition NAME STRLET ADDRESS STREET ADDRESS CHY 5. CITY ST ZIP niii ☐ Defete 1011 Change Addition NAME. NAMI STREET LADDRESS STREET ADDRESS CITY SI-/II CHY ST ZIP ☐ Delete ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY ST ZIP TITLE ☐ Delete MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY ST 7/P

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

031607 4074253654 Davier Phone #

**FILED**