

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015096

FILED
Apr 30, 2004
Secretary of State

Entity Name: TRUE BLUE SOLUTIONS, INC.

Current Principal Place of Business:

P.O. BOX 441723
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441723
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 59-3698062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEAD, KOKO
9309 OLD KINGS ROAD SOUTH
SUITE 4
JACKSONVILLE, FL 32257 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: GIFFORD, TANYA J
Address: P. O. BOX 441723
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: V/S () Delete
Name: GIFFORD, JOHN A
Address: P. O. BOX 441723
City-St-Zip: JACKSONVILLE, FL 32222 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. GIFFORD

V/S

04/30/2004

Electronic Signature of Signing Officer or Director

Date