


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000043955
 1. Entity Name
 TRUE BLUE FOREST, INC.



Principal Place of Business
 6875 ACKERMAN AVE.
 COCOA, FL 32927

Mailing Address
 6875 ACKERMAN AVE.
 COCOA, FL 32927

DO NOT WRITE IN THIS SPACE



06132008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3719760

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WIEDORFER, GARY
 6875 ACKERMAN AVE.
 COCOA, FL 32927

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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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature returned when returning) DATE:

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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: D
 NAME: WIEDORFER, DEBORAH LEE
 STREET ADDRESS: 6875 ACKERMAN AVE.
 CITY-ST- ZIP: COCOA, FL 32927

TITLE: D
 NAME: WIEDORFER, GARY
 STREET ADDRESS: 6875 ACKERMAN AVE.
 CITY-ST- ZIP: COCOA, FL 32927

TITLE:
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 CITY-ST- ZIP:

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 06/19/08-80001-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.

SIGNATURE: _____ Date: 6-13-08 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR