

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


09-27-2004 90003 013 \*\*\*150.00  
P03000046369

**FILED**

04 OCT 20 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P03000046369</b>																																																																																							
1. Entity Name <b>TRUELINE INTERNATIONAL, INC.</b>																																																																																							
Principal Place of Business 4665 3RD AVE. NORTH ST. PETERSBURG, FL 33713 US		Mailing Address 4665 3RD AVE. NORTH ST. PETERSBURG, FL 33713 US																																																																																					
2. Principal Place of Business		3. Mailing Address																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																					
City & State		City & State																																																																																					
Zip	Country	Zip	Country																																																																																				
4. FEI Number <b>75-3119158</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent <b>WILLIAM L. YANGER, P.A. 201 N. FRANKLIN ST. SUITE 3010 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																					
8. The above named entity submits its 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 _____ DATE _____																																																																																							
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																					
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																					
<table border="1"> <tr> <td>TITLE</td> <td><b>P</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>Billy Wells</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>13790 Spoonbill Ln.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Clearwater, FL 33762</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>VP</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>Jason Dudley</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4665 3rd Ave. N.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>St. Petersburg, FL 33713</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	<b>P</b>	<input type="checkbox"/> Delete	NAME	<b>Billy Wells</b>		STREET ADDRESS	<b>13790 Spoonbill Ln.</b>		CITY-ST-ZIP	<b>Clearwater, FL 33762</b>		TITLE	<b>VP</b>	<input type="checkbox"/> Delete	NAME	<b>Jason Dudley</b>		STREET ADDRESS	<b>4665 3rd Ave. N.</b>		CITY-ST-ZIP	<b>St. Petersburg, FL 33713</b>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete																																																																																					
NAME	<b>Billy Wells</b>																																																																																						
STREET ADDRESS	<b>13790 Spoonbill Ln.</b>																																																																																						
CITY-ST-ZIP	<b>Clearwater, FL 33762</b>																																																																																						
TITLE	<b>VP</b>	<input type="checkbox"/> Delete																																																																																					
NAME	<b>Jason Dudley</b>																																																																																						
STREET ADDRESS	<b>4665 3rd Ave. N.</b>																																																																																						
CITY-ST-ZIP	<b>St. Petersburg, FL 33713</b>																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																					
NAME																																																																																							
STREET ADDRESS																																																																																							
CITY-ST-ZIP																																																																																							
TITLE		<input type="checkbox"/> Delete																																																																																					
NAME																																																																																							
STREET ADDRESS																																																																																							
CITY-ST-ZIP																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																					
NAME																																																																																							
STREET ADDRESS																																																																																							
CITY-ST-ZIP																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																					
NAME																																																																																							
STREET ADDRESS																																																																																							
CITY-ST-ZIP																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																					
NAME																																																																																							
STREET ADDRESS																																																																																							
CITY-ST-ZIP																																																																																							
12. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or submission was 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, if an officer or receiver empowered.																																																																																							
SIGNATURE: 		9/21/04 727 322 6766																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE																																																																																					

10/2

10/20/04

Attachment

2 of 2

14027481

#P.03000846369

trueline music

MUSIC DESIGN - CREATIVE STRATEGY

Letter of Explanation

To whom it may concern,

Trueline International's Annual Report was not received in your office prior to May 1<sup>st</sup> because a letter was never received at our place of business in time to say that the Report was due at that time. Instead, in July we received a Notice of Intent to Dissolve, which stated that the Report would be due by Sept. 7<sup>th</sup> and that there would be a late fee applied. I have spoken with an employee at the Division of Corps and she said that I must submit this letter in order to not incur that late fee. I am also enclosing a corporate check in the amount of \$150. Please do not hesitate to call me at the number listed below.

Thank You,

Jason Dudney

Trueline Music

727 259 0210

[www.truelinemusic.com](http://www.truelinemusic.com)

[jason@truelinemusic.com](mailto:jason@truelinemusic.com)