

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061099

FILED  
May 02, 2010  
Secretary of State

Entity Name: TRUE TEAM, INC.

**Current Principal Place of Business:**

1282 SUMMIT OAKS DRIVE W  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

1282 SUMMIT OAKS DRIVE W  
JACKSONVILLE, FL 32221

**New Mailing Address:**

FEI Number: 04-3762076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUXENBERG, STEVEN B  
1282 SUMMIT OAKS DRIVE W  
JACKSONVILLE, FL 32221 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LUXENBERG, STEVEN B  
Address: 1282 SUMMIT OAKS DRIVE W  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP  
Name: LUXENBERG, JULIE L  
Address: 1282 SUMMIT OAKS DR. WEST  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP  
Name: LUXENBERG, DANIEL J  
Address: 2001 HODGES BLVD. #911  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP  
Name: LUXENBERG, ALISHA D  
Address: 1282 SUMMIT OAKS DR. WEST  
City-St-Zip: JACKSONVILLE, FL 32221

I hereby 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 all other like empowered.

SIGNATURE: JULIE L LUXENBERG

VP

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date