

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90664 025 ***150.00

DOCUMENT # P03000067727

1. Entity Name

TRUAX ENTERPRISES, INC.



Principal Place of Business

613 BOUNDARY BOULEVARD
ROTUNDA WEST FL 33947

Mailing Address

613 BOUNDARY BOULEVARD
ROTUNDA WEST FL 33947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

214 Marker Road

Suite, Apt. #, etc.

214 Marker Road

City & State

Rotonda West, FL

City & State

Rotonda West, FL

Zip

33947

Country

USA

Zip

33947

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

571172923

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUAX, NEIL
613 BOUNDARY BOULEVARD
ROTUNDA WEST FL 33947

7. Name and Address of New Registered Agent

Name

same

Street Address (P.O. Box Number is Not Acceptable)

214 Marker Road

Rotonda West

City

Rotonda West

FL

Zip Code

33947

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

Neil Truax

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-04

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete

NAME TRUAX, NEIL
STREET ADDRESS 613 BOUNDARY BOULEVARD
CITY-ST-ZIP ROTUNDA WEST FL 33947

TITLE D ☐ Delete

NAME TRUAX, MARY ANN
STREET ADDRESS 613 BOUNDARY BOULEVARD
CITY-ST-ZIP ROTUNDA WEST FL 33947

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME same
STREET ADDRESS 214 Marker Road
CITY-ST-ZIP same Rotonda West, FL 33947

TITLE ☒ Change ☐ Addition

NAME same
STREET ADDRESS 214 Marker Road
CITY-ST-ZIP same Rotonda West, FL 33947

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE:

Neil Truax

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

Daytime Phone #