2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097534

P O BOX 2516

SANFORD, FL 327722516

Address:

City-St-Zip:

FILED Jul 13, 2004 Secretary of State

Entity Nai	me: TRU-CA	RE MEDICAL SUPPLIES, INC			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
669 BEVIL SOUTH D	LE RD AYTONA, FL	32119			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
669 BEVIL SOUTH D	LE RD AYTONA, FL	32119			
FEI Number	: 20-0203915	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
IKON, NAM 669 BEVIL SOUTH DA		32119			
	named entity of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	IKON, NAMDII 149 WESTWO		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D () Delete RED W	Title: Name	() Change () Addition	

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: NAMDIDIE A IKON CEO 07/13/2004