


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90102 011 ***150.00

DOCUMENT # P04000079092					
1. Entity Name TRU-ART SIGNS & GRAPHIX INC.					
Principal Place of Business 3510 SE GRAN PARK WAY STUART, FL 34997			Mailing Address 3510 SE GRAN PARK WAY STUART, FL 34997		
2. Principal Place of Business A 2912 SE. WALKER ST. Suite, Apt. #, etc. Stuart, FL			3. Mailing Address 2912 SE. Walker St. Suite, Apt. #, etc. Stuart, FL		
City & State		City & State		4. FEI Number 20-1139353	
Zip 34997		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATFIELD, ALBERT S 3510 SE GRAN PARK WAY STUART, FL 34997			7. Name and Address of New Registered Agent Name: Hatfield, Albert S. Street Address (P.O. Box Number is Not Acceptable): 2912 SE Walker St. City: Stuart FL Zip Code: 34997		
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: <i>Albert Hatfield</i> DATE: 3-11-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JENA A		NAME	Hatfield, Jena A	
STREET ADDRESS	3510 SE GRAN PARK WAY		STREET ADDRESS	2912 SE Walker St.	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart, FL 34997	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATFIELD, ALBERT S		NAME	Hatfield, Albert S	
STREET ADDRESS	3510 SE GRAN PARK WAY		STREET ADDRESS	2912 SE Walker St.	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Jena Williams</i>		DATE: 3-11-05		DAYTIME PHONE: 772-220-8555	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

50025640



03112005 Chg-P CR2E034 (10/03)