


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90030 040 ***150.00

| | | | |
|---|--|--|--|
| DOCUMENT # P04000105249 1. Entity Name TRUE STEWARDS, INC | |  | |
| Principal Place of Business 1329 N.W. 19TH AVENUE FORT LAUDERDALE, FL 33311 US | | Mailing Address 1329 N.W. 19TH AVENUE FORT LAUDERDALE, FL 33311 US | |
| 2. Principal Place of Business 220 East University Blvd Suite, Apt. #, etc. 1101 City & State Melbourne, Florida Zip 32901 Country U.S. | | 3. Mailing Address 220 East University Blvd Suite, Apt. #, etc. 1101 City & State Melbourne, FL Zip 32901 Country U.S. | |
| 4. FEI Number 34-2004944 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 05022005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent HALL, JOHN H JR. 1329 N.W. 19TH AVENUE FORT LAUDERDALE, FL 33311 | | 7. Name and Address of New Registered Agent Name John Henry Hall Jr. Street Address (P.O. Box Number is Not Acceptable) 220 East University Blvd Apt 1101 City Melbourne, FL Zip Code 32901 | |
| 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 <u>John Henry Hall Jr.</u> DATE <u>5/2/05</u> <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 \$550.00 Due by September 7, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P HALL, SANDRA A 1329 N.W. 19TH AVENUE FORT LAUDERDALE, FL 33311 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HALL, JOHN H JR. 1329 N.W. 19TH AVENUE FORT LAUDERDALE, FL 33311 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| 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: <u>John Henry Hall Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>5/2/05</u> (954) 524-7409 <small>Daytime Phone #</small> | |