

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106970

Entity Name: TRU-MARK, INC.

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

1900 DOLGNAR PLACE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1900 DOLGNAR PLACE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-1385712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERMAK, MIKE
26055 TROOM AVE
SORRENTO, FL 32776 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: D () Delete
Name: CERMAK, MIKE
Address: 26055 TROOM AVE
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: GAINES, NORMAN
Address: 137 LONG PINE DRIVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NORMAN GAINES

D

05/06/2008

Electronic Signature of Signing Officer or Director

Date