


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90223 002 ***150.00

DOCUMENT # P04000112193	
1. Entity Name TIM LARUE, INC.	

Principal Place of Business 34935 SECOND AVE LEESBURG, FL 34788	Mailing Address 34935 SECOND AVE LEESBURG, FL 34788
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2. Principal Place of Business 10811 WESTMONT RD Suite, Apt. #, etc.	3. Mailing Address 10811 WESTMONT RD Suite, Apt. #, etc.
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City & State LEESBURG FL	City & State LEESBURG FL
Zip 34788	Zip 34788
Country LAKE	Country LAKE

04262005 Chg-P CR2E034 (10/03)

4. FEI Number 55-0789059	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent LARUE, TIM 34935 SECOND AVE LEESBURG, FL 34788	
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7. Name and Address of New Registered Agent	
Name TIM LARUE	
Street Address (P.O. Box Number is Not Acceptable) 10811 WESTMONT RD	
City LEESBURG	FL Zip Code 34788

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>Tim Larue</i>	DATE 4-26-05
<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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARUE, TIM 34935 SECOND AVE LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIM LAURE 10811 WESTMONT RD LEESBURG FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Tim Larue</i>	DATE 04-26-05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	