

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168341

FILED
Mar 27, 2005
Secretary of State

Entity Name: TRUESTORY INCORPORATED

Current Principal Place of Business:

195 SW 132ND TERRACE
NEWBERRY, FL 32669

New Principal Place of Business:

5745 SW 75 ST #328
GAINESVILLE, FL 32608

Current Mailing Address:

195 SW 132ND TERRACE
NEWBERRY, FL 32669

New Mailing Address:

5745 SW 75 ST #328
GAINESVILLE, FL 32608

FEI Number: 11-3735845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAMPTON, CHARLES L
195 SW 132ND TERRACE
NEWBERRY, FL 32669 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: FRAMPTON, CHARLES L
Address: 195 SW 132ND TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: COO () Delete
Name: RICK, LAURIE K
Address: 6804 SW 83RD TERRACE
City-St-Zip: GAINESVILLE, FL 32608

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 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: CHARLES L FRAMPTON

CEO

03/27/2005

Electronic Signature of Signing Officer or Director

Date