

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # P05000019958

1. Entity Name
TRUMAN PROPERTY MANAGEMENT, INC.



Principal Place of Business
**10220 U.S. 1 SOUTH
ST AUGUSTINE, FL 32086**

Mailing Address
**10220 U.S. 1 SOUTH
ST AUGUSTINE, FL 32086**



03042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0781231

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATHIS, ROBERT K.
10220 U.S. 1 SOUTH
ST AUGUSTINE, FL 32086**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATHIS, ROBERT K
STREET ADDRESS	10220 U.S. 1 SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	VD
NAME	MATHIS, THERESA
STREET ADDRESS	10220 U.S. 1 SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	STD
NAME	RAULERSON, RHEANNA
STREET ADDRESS	1335 TRUMAN DR.
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/07-80002-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/06/2007 / 904-794-2380