


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 028 ***150.00

DOCUMENT # P06000017071					
1. Entity Name TRUTH ZONE, INC.					
Principal Place of Business 539 EAST ROSEWOOD LANE TAVARES, FL 32778			Mailing Address 3411 N HIGHWAY 19A MOUNT DORA, FL 32757		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03112008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-4258770	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
D'ONOTRIO, JEANINE 539 EAST ROSEWOOD LN. LARGO, FL 33778			Name <u>JEANINE D'ONOFRIO</u> Street Address (P.O. Box Number is Not Acceptable) <u>539 EAST ROSEWOOD LANE</u> City <u>TAVARES</u> FL Zip Code <u>32778</u>		
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>Jeanine D'Onofrio</u> <u>JEANINE D'ONOFRIO</u> <u>3/14/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D'ONOFRIO, JEANINE D		NAME		
STREET ADDRESS	539 EAST ROSEWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Jeanine D'Onofrio</u> <u>JEANINE D'ONOFRIO</u> <u>3/14/08</u> <u>(352) 989-2322</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/14/08</u> <u>(352) 989-2322</u> <small>Date D/Syme Phone #</small>		