

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078453

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: TRUEX REALTY, INC.

**Current Principal Place of Business:**

517 PAUL MORRIS ROAD  
SUITE A2  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

517 PAUL MORRIS ROAD  
SUITE A2  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

FEI Number: 20-4998987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASWELL, CHRISTOPHER K  
240 S. PINEAPPLE AVENUE  
SUITE 802  
SARASOTA, FL 34236 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: P ( ) Delete  
Name: TRUEX, WILLIAM  
Address: 517 PAUL MORRIS ROAD, SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP ( ) Delete  
Name: CURTIS, DOUGLAS C  
Address: 517 PAUL MORRIS ROAD, SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: S ( ) Delete  
Name: TRUEX, ANDREA  
Address: 517 PAUL MORRIS ROAD, SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: T ( ) Delete  
Name: CURTIS, CLAUDETTE E  
Address: 517 PAUL MORRIS ROAD, SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: WILLIAM G. TRUEX

P

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date