

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078453

Entity Name: TRUEX REALTY, INC.

FILED
Apr 30, 2008
Secretary of State

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