

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114899

Entity Name: TRUTHTEC, INC.

FILED  
Jan 14, 2008  
Secretary of State

## Current Principal Place of Business:

1065 N. JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 US

## New Principal Place of Business:

## Current Mailing Address:

1065 N. JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 US

## New Mailing Address:

FEI Number: 20-5514894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SNIDER, JOHN C  
1065 N. JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 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: D ( ) Delete  
Name: AMES, WILLIAM I JR  
Address: 210 RUBY AVENUE  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D/P ( ) Delete  
Name: SNIDER, JOHN C  
Address: 2305 INDIAN MOUND TRAIL  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: DVP ( ) Delete  
Name: FULWIDER, JOHN F DR  
Address: 2024 LITTLE COON TRAIL RD  
City-St-Zip: ABERDEEN, MS 39730 US

Title: DVP ( ) Delete  
Name: SYLVESTRE, MICHAEL  
Address: 201 RUBY AVE  
City-St-Zip: KISSIMMEE, FL 34741 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change ( ) Addition  
Name: BRUNETTE, LEO  
Address: P.O.BOX 590  
City-St-Zip: LACENTER, WA 98629 US

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

Title: DVP (X) Change ( ) Addition  
Name: FULWIDER, JOHN F DR  
Address: P.O.BOX 479  
City-St-Zip: AMORY, MS 388210479 US

Title: S/D (X) Change ( ) Addition  
Name: SYLVESTRE, MICHAEL  
Address: 1065 N. JOHN YOUNG PARKWAY  
City-St-Zip: KISSIMMEE, FL 34741 US

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: MICHAEL SYLVESTRE

S/D

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date