

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007129

Entity Name: TRUBLUE TRIMMING INC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

99264 OVERSEAS HIGHWAY
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 370295
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 26-2646969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, BRUCE
139 SUNSET GARDENS DR
TAVERNIER, FL 33070 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: DAVIS, BRUCE
Address: 139 SUNSET GARDENS DR
City-St-Zip: TAVERNIER, FL 33070 US

Title: T () Delete
Name: DAVIS, BRUCE
Address: 139 SUNSET GARDENS DR
City-St-Zip: TAVERNIER, FL 33070 US

Title: AVP () Delete
Name: KLOPP, JOHN
Address: 941 PLANTATION RD
City-St-Zip: KEY LARGO, FL 33037 US

Title: AS () Delete
Name: DEGRAFF, MARY
Address: 7 ORANGE DRIVE
City-St-Zip: KEY LARGO, FL 33037 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: DAVIS-BRESNAK, DANIELLE
Address: PO BOX 371182
City-St-Zip: KEY LARGO, FL 33070 US

Title: VP (X) Change () Addition
Name: DEGRAFF, MARY
Address: 7 ORANGE DRIVE
City-St-Zip: KEY LARGO, FL 33037 US

Title: S (X) Change () Addition
Name: BRESNAK, MICHAEL
Address: PO BOX 258
City-St-Zip: ISLAMORADA, FL 33036 US

Title: AVP () Change (X) Addition
Name: WILSON, TRAVIS
Address: 1 OAKWOOD AVENUE
City-St-Zip: KEY LARGO, FL 33037

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: MARY DEGRAFF

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date