## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000062469

MOORE-AUSTÍN, BARBARA

216 CHINA DOLL DRIVE

TALLAHASSEE, FL 32312

Name:

Address:

City-St-Zip:

FILED Mar 04, 2009 Secretary of State

Entity Name: TRUE BLUE DOULAS, INC. **Current Principal Place of Business: New Principal Place of Business:** 680 W. HALPIN ROAD MONTICELLO, FL 32344 **Current Mailing Address: New Mailing Address:** 680 W. HALPIN ROAD MONTICELLO, FL 32344 FEI Number: 26-2885602 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARNHART, CETTA B 680 W. HALPIN ROAD US MONTICELLO, FL 32344 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BARNHART, CETTA B Name: Name: 680 W. HALPIN ROAD Address: Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: HARVEY, KATHLEEN Name: 846 N.E. OREGANO AVENUE Address: Address: PINETTA, FL 32350 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete MOORE-AUSTIN, BARBARA HARVEY, VIRGINIA Name: Name: 216 CHINA DOLL DRIVE 846 N.E. OREGANO AVENUE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: PINETTA, FL 32350 Title: ( ) Delete Title: (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

HEARNS, DECHAUNA

MIDWAY, FL 32343

298 DELORES MADISON DRIVE

Ρ SIGNATURE: CETTA BARNHART 03/04/2009