

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000046361

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** ROBERT WILLIAMS TRUE SHINE INC.

**Current Principal Place of Business:**

1505 N 42ND ST.  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

178 CAROL SUSAN LANE  
FORT PIERCE, FL 34982

**Current Mailing Address:**

1505 N 42ND ST.  
FORT PIERCE, FL 34947

**New Mailing Address:**

P.O. BOX 217  
FORT PIERCE, FL 34954

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WILLIAMS, ROBERT  
1505 N 42ND ST.  
FORT PIERCE, FL 34947 US

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

WILLIAMS, ROBERT  
178 CAROL SUSAN LANE  
FORT PIERCE, FL 34982 US

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:

02/18/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: WILLIAMS, ROBERT  
Address: 178 CAROL SUSAN LANE  
City-St-Zip: FORT PIERCE, FL 34982

Title: O  
Name: WILLIAMS, DIANE  
Address: 1505 N 42ND ST.  
City-St-Zip: FORT PIERCE, FL 34947

I hereby 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 all other like empowered.

SIGNATURE: ROBERT WILLIAMS

O

02/18/2011

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

\_\_\_\_\_  
Date