


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P36405 1. Entity Name TRU-CHECK METER SERVICE, INC.	
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Principal Place of Business P.O. BOX 253 SOMERSET, KY 42502	Mailing Address P.O. BOX 253 SOMERSET, KY 42502
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**DO NOT WRITE IN THIS SPACE**



02202005 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1091134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RAY, SHIRLEY F 32 FAIRWAY CT SOUTH HILL ST DELAND, FL 32724	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, WILLIAM G. EAGLES NEST SOMERSET, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAY, ROBERT M. DOGWOOD CT SOMERSET, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAY, GERALD D. UNIVERSITY DR. SOMERSET, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAY, TERRY W COLUMBIA STREET SOMERSET, KY 42501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M Ray Robert M Ray, Pres. 2/28/05 606+678-7307  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #