

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36405

FILED
Apr 30, 2007
Secretary of State

Entity Name: TRU-CHECK METER SERVICE, INC.

Current Principal Place of Business:

P.O. BOX 253
SOMERSET, KY 42502

New Principal Place of Business:

817 W. COLUMBIA STREET
SUITE # 2
SOMERSET, KY 42501

Current Mailing Address:

P.O. BOX 253
SOMERSET, KY 42502

New Mailing Address:

FEI Number: 61-1091134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, SHIRLEY F
32 FAIRWAY CT
SOUTH HILL ST
DELAND, FL 32724 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: RAY, WILLIAM G.,
Address: EAGLES NEST
City-St-Zip: SOMERSET, KY

Title: DP () Delete
Name: RAY, ROBERT M.,
Address: DOGWOOD CT
City-St-Zip: SOMERSET, KY

Title: DS () Delete
Name: RAY, GERALD D.,
Address: UNIVERSITY DR.
City-St-Zip: SOMERSET, KY

Title: VP () Delete
Name: RAY, TERRY W
Address: COLUMBIA STREET
City-St-Zip: SOMERSET, KY 42501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change () Addition
Name: RAY, TERRY W
Address: 817 W. COLUMBIA STREET
City-St-Zip: SOMERSET, KY 42501

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: TERRY W. RAY

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date