

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000000462

Entity Name: TRUE INSURANCE AGENCY, INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

28 HEATHER GREEN CT.
OCOE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2124
ORLANDO, FL 328022124 US

New Mailing Address:

FEI Number: 59-3149069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVELY, ROBERT
28 HEATHER GREEN CT.
OCOE, FL 34787 US

Name and Address of New Registered Agent:

GRAVELY, ROBERT
28 HEATHER GREEN CT.
OCOE, FL 34761 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:

Electronic Signature of Registered Agent

04/15/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSST () Delete
Name: GRAVELY, ROBERT M
Address: 28 HEATHER GREEN COURT
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT M GRAVELY

Electronic Signature of Signing Officer or Director

P

04/15/2005

Date