

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90025 045 \*\*\*150.00

**DOCUMENT # P94000052017**

1. Entity Name

TRUE COUNT, INC.



Principal Place of Business

4818 SW 61ST DR  
PALM CITY FL 34990  
US

Mailing Address

4818 SW 61ST DR  
PALM CITY FL 34990  
US



2. Principal Place of Business

6250 SW 48<sup>th</sup> TER

3. Mailing Address

6250 SW 48<sup>th</sup> TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PALM CITY FL

City & State

PALM CITY, FL

4. FEI Number

65-0512635

Applied For

Not Applicable

Zip

34990

Country

US

Zip

34990

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, WILLIAM D JR.  
516 CAMDEN AVE  
SUITE 103  
STUART FL 34994

7. Name and Address of New Registered Agent

Name  
WILLIAM D. ANDERSON JR.

Street Address (P.O. Box Number is Not Acceptable)

48 SE OSCEOLA ST

City  
STUART

FL

Zip Code  
34994

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME HARRELL, DENNIS V.  
STREET ADDRESS 4818 SW 61ST DRIVE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE DS ☐ Delete  
NAME HARRELL, INGEBORG  
STREET ADDRESS 4818 SW 61ST DRIVE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME HARRELL, DENNIS V.  
STREET ADDRESS 6250 SW 48<sup>th</sup> TER.  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE DS ☒ Change ☐ Addition  
NAME HARRELL, INGEBORG  
STREET ADDRESS 6250 SW 48<sup>th</sup> TER  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

*Dennis V. Harrell* DENNIS V. HARRELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

Date

(772) 781-6136

Daytime Phone #