2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90019 022 ***150.00

DOCUMENT # P96000034127

1. Entity Name
TRUTT, INC.

Principal Place of Business
5505 QUEEN VICTORIA DRIVE
LEESBURG, FL 34748

Mailing Address
5505 QUEEN VICTORIA DRIVE
LEESBURG, FL 34748

54061329

07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3375268

| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**
TRUTT, PAUL L
5505 QUEEN VICTORIA DRIVE
LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

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 ______________________________ DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TRUTT, LANELL S
STREET ADDRESS	21822 US HWY 27
CITY-ST-ZIP	LEESBURG, FL
TITLE	VP
NAME	TRUTT, PAUL L
STREET ADDRESS	21822 US HWY 27
CITY-ST-ZIP	LEESBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	Did not receive
STREET ADDRESS	
CITY-ST-ZIP	annual report and/or
TITLE	
NAME	post card to request
STREET ADDRESS	annual report
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)(i), 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: (X) Paul L Trutt PAUL L. TRUTT VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #